

- Western World Insurance Company
- Tudor Insurance Company
- Stratford Insurance Company

Application  
For

## Mobile Home Parks

**1. General Information:**

Named Insured \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 Inspection Contact \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 Web Site Address \_\_\_\_\_  
 Has coverage been cancelled or non-renewed in the past three (3) years? Yes No  
 If yes, please provide complete details: \_\_\_\_\_

**2. Loss Information** for past three (3) years? If yes, please provide details below: Yes No

Year	# Claims	Incurred Amounts	Description	Open	Closed

**3. Please list all entities to be added as Additional Insureds on this policy:**

Complete Name	Address	Interest

**Location Information:**

Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
**Operation:** Operating season — From \_\_\_\_\_ To \_\_\_\_\_  
 Permanent Park — Provide # of spaces \_\_\_\_\_ RV Park — Provide # of spaces \_\_\_\_\_  
 Number of owned units rented out \_\_\_\_\_  
 Any sales of mobile homes? Yes No If yes, sales: \$ \_\_\_\_\_

**4. Describe any additional recreational facilities or operations conducted by Applicant or others on the premises:**

\_\_\_\_\_

**5. Any security guards on premises?** Yes No

If yes, how many? \_\_\_\_\_ If security guards are employees, need payroll: \$ \_\_\_\_\_  
 Security guards are: Armed Unarmed  
 If security guards are provided by an outside service, are Certificates of Insurance required? Yes No  
 If yes, minimum limits required: \_\_\_\_\_

**6. Management:**

Are licenses, permits and notices current and posted? Yes No  
 Is owner/manager located on site? Yes No  
 What hours is he/she available to residents? \_\_\_\_\_  
 Is park operated by an independent management company? Yes No  
 Are signed leases available to residents? Yes No  
 Does owner/management provide a copy of rules/regulations of park to residents? Yes No

7. Sewer: City Septic

Who maintains and treats the septic system? \_\_\_\_\_

How often is system treated/maintained? \_\_\_\_\_

Any history of problems with system in past five (5) years? (Backup, etc.) Yes No

If yes, please describe problem and action taken to prevent similar problems: \_\_\_\_\_

Does flow of sewage require the use of a sewer lift station or pump? Yes No

If yes, give details on procedure followed if failure in this system occurs: \_\_\_\_\_

Does the mobile home park have: Own sewage treatment plant? Yes No Disposal facilities? Yes No

If yes, how frequently is tank emptied? \_\_\_\_\_

Who disposes of sewage and where? \_\_\_\_\_

Gas: Are gas lines owned by the park? Yes No

If yes, is park in compliance with the Federal Pipeline Safety Act? Yes No

Are gas system maps available and utilized by owner? Yes No

Water: City Well on premises

If water is supplied by park, is water treated? Yes No

By whom and how often? \_\_\_\_\_

Does the state test annually? Yes No

8. Other Operations:

Tennis/racquetball/volleyball/basketball courts and baseball diamonds: Number \_\_\_\_\_

Bicycle trails: Number \_\_\_\_\_

Any other type of trails? Yes No If yes, please describe: \_\_\_\_\_

Boats: Number \_\_\_\_\_ Type(s): \_\_\_\_\_

Boat Rental: Number \_\_\_\_\_ Type(s): \_\_\_\_\_

Are Coast Guard approved flotation devices provided for all passengers? Yes No

Boat Docks/Slips: Number \_\_\_\_\_ Boat ramps: Number \_\_\_\_\_

Clubhouse Including Any Exercise Room: Square Footage \_\_\_\_\_ Sq. Ft.

Convenience Store/Grocery Stores: Number \_\_\_\_\_ Gross Sales \$ \_\_\_\_\_

Playgrounds Number \_\_\_\_\_ Equipment \_\_\_\_\_

Ground Cover \_\_\_\_\_

Lakes Yes No If yes, is swimming allowed? Yes No

Lake formed by a Dam? Yes No (If yes, attach latest dam inspection). Number of acres \_\_\_\_\_

Swimming Pool: In-ground Above-ground Dimensions \_\_\_\_\_ Max. Depth \_\_\_\_\_

Number Indoor \_\_\_\_\_ Number Outdoor \_\_\_\_\_ Swimming rules posted? Yes No

Diving Boards/Slides/Diving Platforms? Yes No

Diving board/platform height \_\_\_\_\_ Slide height \_\_\_\_\_

If an outdoor pool, is it fenced with a self-latching gate? Yes No

Life-safety equipment available at pool side? Yes No

Certified lifeguard available when swimming allowed? Yes No

Spas/Hot Tubs: Number \_\_\_\_\_ Bathing Beaches: Number \_\_\_\_\_

Streets/Roads: Number of miles \_\_\_\_\_ Is park responsible for maintenance of the roads? Yes No

LPG sales and/or equipment maintenance: \$ \_\_\_\_\_

Waterworks and/or sewage treatment/disposal facilities? Yes No

Facility built on former landfill or dump? Yes No

Garbage dumps or landfills? Yes No If yes, number \_\_\_\_\_

