

RECREATIONAL EXPOSURES

Indicate if the following are present by checking the box below:

Aerobics/Fitness Classes or Weight Room Tours/Shuttle Service Sauna/Spas
Tenant Garage Sales/Flea Market Hobby Shops or Hobby Classes Shuffle Board
Activities Involving Animals Horseshoe Court

Open to public?

Laundry Facilities Yes No
Tennis Courts Yes No
Swimming Pool Yes No
Playground Yes No

Type of surface _____

List other activities not mentioned above. _____

Is facility used by the public for meetings, weddings, church, etc.? Yes No
Any functions or activities where alcoholic beverages are served or permitted? Yes No

SUBCONTRACTED WORK

Explain all "Yes" responses.

Do you subcontract work to others (such as carpentry, security, premises maintenance, etc.)? Yes No

1. Type of work _____
2. Cost of subcontractor's contract labor \$ _____
3. Are subcontractors required to carry insurance? Yes No
If yes, indicate coverage and limits. _____
4. Are certificates of insurance required from subcontractors? Yes No

PARK UTILITIES

Trash/Garbage	City	Park provides
Electric	Public Utility	Park provides
Water	Public Utility	Park/Well
Sewer/Septic	Public Utility	Park provides
Roads	Public maintains	Park maintains
Gas	Public (tenant pays utility co.)	Park provides

GENERAL INFORMATION

1. Are there formal written and enforced park rules? Yes No
2. Total capacity of the park _____
3. Number of sites rented to others _____ Number of vacant sites _____
4. Number of units rented to others _____ Number of vacant rental units _____
5. Total annual receipts \$ _____
6. Tenancy annual turnover rate: Less than 10% More than 10%
7. Surface area of streets: 100% Paved Partially Paved Not Paved
8. Street lighting: Complete Partial None
9. Any real estate development? Yes No
 - a. Number of acres _____
 - b. Type of development _____
10. Any vacant land? Yes No Number of acres _____
 - a. Is it used as a landfill or dump? Yes No
 - b. Does a water exposure exist? Yes No
11. Do you own or operate any other business at this location? Yes No
If yes, describe. _____
12. Do you sell new or used units? Yes No Annual Gross Sales \$ _____
13. Do you sell, service or distribute LP/Natural Gas? Yes No

- Number of gallons _____ Receipts \$ _____
 14. Do you sell or store gasoline? Yes No
 Number of gallons Receipts \$ _____

SWIMMING POOLS

1. Number of swimming areas _____ Yes No
2. Is the pool completely fenced, with self closing, self locking gates?
3. Are depths marked? Maximum depth ft.
4. Is standard safety equipment provided?
5. Is there a diving board or platform?
6. Is there a water slide of any kind?
7. Is there a jacuzzi, hot tub or spa?
8. Are rules and emergency numbers posted?
9. Is there a lifeguard on duty at any time?
 If no, is there a sign posted "No Lifeguard on Duty – Swim At Your Own Risk"?

OTHER WATER EXPOSURES

- Yes No
1. Are there any water exposures (other than swimming pools) on your property?
 If yes, describe. _____
2. Can it be used for swimming?
3. Are "No Swimming" signs posted?
4. Is it used for boating or fishing?
5. Is there a marina on the premises?
 If yes, are you the operator?
6. Are there docks or slips?
 Do you charge a fee? If yes, annual receipts. \$ _____
 Do you or any employee handle the boats?

PREVIOUS EXPERIENCE

1. **MISSOURI APPLICANTS: DO NOT ANSWER THIS QUESTION.**
 Has insurance of this type been canceled, refused, or nonrenewed by any company during the past 3 years?
 Yes No *If yes, give name of company, date and reason.*

PRIOR CARRIER INFORMATION FOR THE PAST THREE YEARS				
Year	Carrier	Policy Number	Coverage	Premium

2. Provide the following information for all claims, suits, or incidents which may give rise to a claim for the past five years. Attach separate sheet if necessary.

Dates (Month/Year)	Description of Loss	Amount	Paid	Reserve

FRAUD STATEMENT

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment. Any changes in your operation must be reported to your agent.

Signature of Applicant _____ Title _____ Date _____

Signature of Producing Agent _____ Date _____

Agent Name and Address _____

RENTAL UNITS

Complete if applicable.

1. Indicate how the rental units were acquired:
 - Purchased new from dealer
 - Purchased used from dealer
 - Purchased or obtained from previous tenant (*provide circumstances*)
2. Rental income per rental unit \$ _____
3. Maximum occupants per unit _____
4. Frequency insured inspects inside the rental units. _____
5. Are units inspected prior to new occupancy? Yes No
6. Frequency of inspections, by a licensed contractor, of the heating, plumbing and electrical. _____
7. Are formal maintenance records kept for each rental? Yes No **If yes, attach a sample copy.**
8. Are smoke detectors present? Yes No Are they: Hard-wired Battery operated
9. Is there a battery replacement schedule plan in place for smoke detectors? Yes No
If yes, describe. _____
- If no, you must have a waiver/release from the tenant, accepting responsibility for battery replacement.**
10. Are fire extinguishers installed? Yes No
11. Are any rental units over 15 years of age? Yes No

If yes, complete the following for each rental unit and provide photos of the front and back:

Year Built	Year Updated			
	Heating	Plumbing	Wiring	Roofing

12. Do all rental units have skirting appropriate for manufactured housing? Yes No
13. Are there steps at exterior doors with properly installed handrails? Yes No
Note: Concrete block steps are not acceptable.
14. Lease terms: Weekly Monthly 6 Month 12 Month

Attach a copy of the Park rules.