



MANUFACTURED HOUSING COMMUNITIES APPLICATION

Applicant's Name: _____

Park Name: _____

Park Address: _____

City: _____ County: _____

State: _____ Zip: _____

Inspection Contact Name: _____

Inspection Contact Phone: _____

Inspection Contact Email (Required to Rate): _____

Agency Name: _____

Agency Representative: _____

Agent Phone Number: _____

Agent Email Address: _____

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE"

Ownership of Community

- 1. Indicate form of business: Individual Partnership Corporation Limited Corporation
 Joint Venture
 Other: _____

2. Indicate business established: Year built: _____ Year purchased: _____

3. Do you have any plans for development or change in land use, other than as a mobile home park in the next three years? Yes No
If yes, please describe: _____

Management of Community

4. Is park managed by a Management Company? Yes No
a. If yes, enter name of Management Company: _____
b. If yes, enter the number of years in park management: _____

5. Do you have a manager on site?..... Yes No
If yes, enter time on premises: Full Time Part Time

6. Do you have any other employees? Yes No
If yes, enter number of additional employees: _____

7. Indicate type of residency: Retirement _____% Adult _____% Family _____%
 Permanent _____% Seasonal _____% Other _____%

If other, please describe: _____

Space Allocations

8. Indicate park use: _____

Total Number of Spaces: _____

Are any of these spaces RV Sites? Yes No

If yes, enter the number of:

Tenant Owned Mobiles: _____ RV Sites: _____

Park Owned Mobiles for sale: _____ Short Term/Seasonal RV Sites: _____

Park Owned Mobiles: _____ Occupancy Rate: _____ %

Tenancy Annual Turnover Rate: _____ %

Annual Receipts Breakdown

9. **Provide annual receipts**

Space Rental Receipts:\$ _____

Commercial Rental Receipts (restaurants, gift shop, etc.)\$ _____

Propane Sales Receipts:\$ _____

Gas Sales Receipts:\$ _____

Liquor Sales Receipts:\$ _____

Recreation/Equipment Rental Receipts:\$ _____

Total Park Annual Receipts:\$ _____

Additional Park Information

10. Do you sell new or used units? Yes No

If yes, how many? New: _____ Used: _____

11. Do employees set up homes? Yes No

12. Street Construction: Paved Gravel Dirt Other _____

13. Street Lighting: Full Partial None

14. Are Utilities Underground? Yes No

15. The Community is on: Sewer Septic Well

a. If well or septic, is regular testing and maintenance performed by an outside contractor? Yes No

b. Is written documentation maintained with outside contractor? Yes No

16. Has the park experienced a backup of sewage in the past twelve (12) months? Yes No

If yes, please describe what happened and the corrective action taken: _____

17. Has the park ever been involved in litigation with the residents? Yes No

18. Does a threat of litigation with the park residents currently exist? Yes No

If yes, please explain: _____

19. Is security provided? Yes No

20. Is security provided by an independent contractor? Yes No

21. Are the guards armed? Yes No
22. The Garbage Collection is done by: City Private Party
23. Are there now, or have there been, any suits or litigation involving a failure to maintain? Yes No
If yes, please describe: _____
-
24. Is the Community Inside the City Limits?..... Yes No
25. Distance to Fire Station? _____ Miles Distance to Hydrant: _____ Feet
26. Does the Park have Procedures for Fire and Medical Emergencies provided?..... Yes No
27. Do you have any of the following amenities on the community premises?

Amenity		Amount/No. Of	Amenity		Amount/No. Of
<input type="checkbox"/>	Pool		<input type="checkbox"/>	Tennis/Sport Court	
<input type="checkbox"/>	Spa/Hot Tub		<input type="checkbox"/>	Baseball Field	
<input type="checkbox"/>	Sauna		<input type="checkbox"/>	Vacant Land	
<input type="checkbox"/>	Lakes/Rivers/ Ponds/Ocean/ Streams		<input type="checkbox"/>	Car Wash	
<input type="checkbox"/>	Playgrounds		<input type="checkbox"/>	Water Park	
<input type="checkbox"/>	Parks		<input type="checkbox"/>	Golf Course	
<input type="checkbox"/>	Dock/Marine		Operations: _____		

28. Are sporting or social events sponsored? Yes No
If yes, please explain: _____
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29. Are pets allowed in the Community? Yes No
30. Do you allow breeds such as Dobermans, Pit Bulls (Staffordshire Terriers), Rottweillers, Chows, Wolf-Hybrids or other aggressive breeds?..... Yes No

Owned Manufactured Home Schedule/Statement of Values (Sale or Rental)

If you want to insure any owned mobile home units (rental or for sale) for property insurance, please describe each unit, defining if rented (occupied) or for sale (unoccupied), including year, make, model, size, VIN, site number and value. Use a separate sheet if necessary. Please note that the minimum deductible is \$2,500 for rental (occupied) units, \$500 for sale (unoccupied) units.

Desired Deductible: \$500 \$1,000 \$2,500 \$5,000 \$10,000 \$25,000 \$50,000

Site	Year	Make/Model	Size (LxW)	Serial No.	Value	Sale	Rental
			x		\$	<input type="checkbox"/>	<input type="checkbox"/>
			x		\$	<input type="checkbox"/>	<input type="checkbox"/>
			x		\$	<input type="checkbox"/>	<input type="checkbox"/>
			x		\$	<input type="checkbox"/>	<input type="checkbox"/>
			x		\$	<input type="checkbox"/>	<input type="checkbox"/>
			x		\$	<input type="checkbox"/>	<input type="checkbox"/>
			x		\$	<input type="checkbox"/>	<input type="checkbox"/>
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			x		\$	<input type="checkbox"/>	<input type="checkbox"/>
			x		\$	<input type="checkbox"/>	<input type="checkbox"/>

3. THE APPLICANT UNDERSTANDS THAT ANY MISREPRESENTATION OR OMISSION SHALL CONSTITUTE GROUNDS FOR RESCISSION OF COVERAGE AND DENIAL OF CLAIMS, OR, AT THE OPTION OF THE COMPANY, THE ASSESSMENT OF ADDITIONAL PREMIUM CHARGES. THE APPLICANT REPRESENTS AND WARRANTS TO THE COMPANY THAT, IF A POLICY IS ISSUED TO THE APPLICANT, THE APPLICANT WILL COOPERATE WITH THE COMPANY IN CONNECTION WITH ANY INSPECTION, PREMIUM AUDIT AND IN ALL OTHER RESPECTS AS REQUIRED UNDER THE POLICY.
4. THE APPLICANT UNDERSTANDS THE COMPANY IS NOT OBLIGATED NOR UNDER ANY DUTY TO ISSUE A POLICY OF INSURANCE BASED UPON THIS APPLICATION. THE APPLICANT FURTHER UNDERSTANDS THAT, IF A POLICY IS ISSUED, THIS APPLICATION WILL BE INCORPORATED INTO AND FORM A PART OF SUCH POLICY.
5. IF THE APPLICANT BECOMES AWARE THAT ANY RESPONSE ON THIS APPLICATION IS INACCURATE AS A RESULT OF INFORMATION OR CHANGE OF CIRCUMSTANCES BEFORE A POLICY IS ISSUED, THE APPLICANT MUST INFORM THE COMPANY OF SUCH CHANGE, IN WRITING, AND ANY POLICY ISSUED BEFORE SUCH NOTIFICATION IS SUBJECT TO IMMEDIATE CANCELLATION.
6. THE APPLICANT AUTHORIZES THE COMPANY TO MAKE ANY INVESTIGATION AND INQUIRY IN CONNECTION WITH THE APPLICATION AS IT MAY DEEM NECESSARY.

THE UNDERSIGNED, BEING AUTHORIZED BY AND ACTING ON BEHALF OF THE PROSPECTIVE INSURED, REPRESENTS THAT THE ANSWERS GIVEN ARE TRUE. FAILURE TO PROVIDE TRUTHFUL ANSWERS AND ALL MATERIAL INFORMATION CAN RESULT IN THE COMPANY ELECTING TO CANCEL, REFORM AND/OR RESCIND THE POLICY.

("APPLICANT," "YOU," "YOUR" AND SIMILAR WORDS REFER TO THE PROSPECTIVE INSURED)

THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN POLICIES ISSUED BY THE COMPANY VARY SIGNIFICANTLY FROM THOSE CONTAINED IN MANY OTHER LIABILITY INSURANCE POLICIES. THE POLICY FORM ISSUED BY THE COMPANY PROVIDES COVERAGE THAT MAY BE MORE LIMITED THAN THAT AVAILABLE UNDER THE "ISO" INSURANCE POLICY OR SIMILAR TYPES OF POLICIES. YOU SHOULD CAREFULLY REVIEW THE ENTIRE POLICY WITH YOUR AGENT, LEGAL COUNSEL OR OTHER INSURANCE PROFESSIONAL TO MAKE SURE THAT YOU UNDERSTAND THE COVERAGE IT PROVIDES, AND YOUR RIGHTS AND OBLIGATIONS UNDER THE POLICY.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **Not applicable in Nebraska, Oregon and Vermont.**

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

APPLICABLE IN THE STATE OF NEW YORK (Other than Automobile):

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S NAME: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an authorized owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

As an associated party to NBIS, you will be notified via e-mail about products or services that may be of interest to you. To opt-out from these program updates, please go to NBIS.com, then Contact Us, and select Opt-Out Request.