



INSURANCE AGENCY, INC.  
 PRIMARY / EXCESS AND SURPLUS LINES BROKERS  
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**Mobile Home Park Supplemental Application—California**  
**(Include ACORD Application)**

**A. Number of permanent spaces:** \_\_\_\_\_ Number of owned units rented out: \_\_\_\_\_  
 Number of RV/campground spaces: \_\_\_\_\_ % Seasonal: \_\_\_\_\_

**B. How many swimming pool(s)?** \_\_\_\_\_

- Any diving boards over one meter in height? .....  Yes  No
- Are rules posted?.....  Yes  No
- Any water slides?.....  Yes  No
- Are pool(s) fenced? .....  Yes  No
- Are gate(s) self-closing and locking?.....  Yes  No
- Any lifeguards? .....  Yes  No

**C. Number of:** Clubhouse(s) \_\_\_\_\_ Sauna(s) \_\_\_\_\_ Spa(s) \_\_\_\_\_

**D. Number of:**

- Baseball park(s) \_\_\_\_\_ Volleyball court(s) \_\_\_\_\_ Tennis court(s) \_\_\_\_\_
- Basketball court(s) \_\_\_\_\_ Racquetball court(s) \_\_\_\_\_ Playground(s) \_\_\_\_\_
- Lakes (acres) \_\_\_\_\_ Boat docks \_\_\_\_\_ Boat rentals?  Yes  No
- Is swimming allowed?  Yes  No
- Dams?  Yes  No If so, complete Dam Questionnaire GLS-113.
- Short-term events?  Yes  No If yes, please describe: \_\_\_\_\_

**E. Utilities:**

**SEWER:**

- City  Septic

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

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

Any history of problems with system in past 5 years? (backup, etc.)  Yes  No If yes, please describe problem and action taken to prevent similar problems: \_\_\_\_\_

**E. Utilities (continued)**

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 its own sewer 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 Federal Pipeline Safety Act? .....  Yes  No

Are gas systems maps available and utilized by owner? .....  Yes  No

**WATER:**

City  Well on premises

If water is supplied by Park, is water tested? .....  Yes  No

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

Does the state test annually? .....  Yes  No

**F. 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

**G. Is the Park responsible for maintenance of the roads?**  Yes  No If yes, how many miles of road? \_\_\_\_\_

**H. Any horse trail(s) or bike trail(s)?**  Yes  No If yes, how many miles of trails?\_\_\_\_\_ Describe trails in detail: \_\_\_\_\_

**I.**  Stables  Riding arenas  Jumps

**J. Restaurant sales?**  Yes  No Amount: \$\_\_\_\_\_

Grocery sales?  Yes  No Amount: \$\_\_\_\_\_

**K. Any "security guards" on premises?**  Yes  No If so, how many? \_\_\_\_\_

Security guards are:  Armed  Unarmed

Does Park directly employ security guards?  Yes  No

If outside security guard service, are Certificates of Insurance required?  Yes  No

L. Any other exposures which the Park is responsible for? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

AGENT NAME \_\_\_\_\_ AGENT LICENSE NUMBER \_\_\_\_\_  
*(Applicable to Florida Agents Only.)*

Name and Phone Number of person to contact for inspection and/or premium audit purposes \_\_\_\_\_

**IMPORTANT NOTICE**

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.