



P. O. Box 30527
 Phoenix, Arizona 85046
 (602) 494-6900 (800) 228-1710
 FAX (602) 494-6999

MOBILE HOME PARK SUPPLEMENT
 (Include Acord application)

Applicant's Name: _____ Location Address: _____
 Mailing Address: _____

Has applicant been sited with any violations? Yes No
 If yes, please explain: _____
 Does the applicant comply with all ordinances and statutes applicable to mobile home parks? Yes No
 Number of permanent spaces: _____ Number of RV/campground spaces: _____
 Number of park-owned units rented out: _____ Percent Seasonal: ___% Annual Receipts: _____

Any of the following?			
Baseball Fields	#: _____	Bathing Beaches	Miles: _____
Basketball Courts	#: _____	Bike/Horse Trails	Miles: _____
Racquetball Courts	#: _____	Streets/Roads	Miles: _____
Tennis/Volleyball Courts	#: _____	Parks	Acres: _____
Boat Docks/Slips	#: _____	Lakes	Acres: _____
Playgrounds	#: _____	Clubhouse	Sq. Ft.: _____
Saunas/Spas	#: _____	Convenience Stores	Receipts: _____
Laundromats – Washers / Dryers	#: _____ #: _____	Restaurants	Receipts: _____
Security Guards – Armed Unarmed Employed Subcontracted	#: _____	LPG Sales/Hookups	% of Receipts: %
	#: _____	Special Events	<input type="checkbox"/> Yes <input type="checkbox"/> No
	#: _____	Sewage Treatment Plants	<input type="checkbox"/> Yes <input type="checkbox"/> No
	#: _____	Dams/Reservoirs	<input type="checkbox"/> Yes <input type="checkbox"/> No
Waterworks Operation	Park: _____ City/Private Co.: _____		(If yes, complete Supplemental Application)

Please detail all "yes" answers to the above questions: _____

Does park owner act as a dealer doing buying/selling of mobile homes? Yes No
 Any history of sewage or septic problems or backups in the last five years? Yes No
 If yes, please provide details: _____

Management: On-site: _____ Independent Management Company: _____
 Are maintenance/repairs provided? Yes No
 Is third party discrimination coverage in place for named insured and/or property manager? Yes No
 If not, would you like us to quote? Yes No

SWIMMING POOL INFORMATION

CHECK HERE IF NOT APPLICABLE

Number of Pools: _____ Age of the pool: _____
 Are pools fenced from all units? Yes No If yes, what is the height of the fence? _____
 Is there a diving board or slide? Yes No If yes, what is the height of the board? _____
 Are there depth markers? Yes No Number of: Lifeguards _____ Certified Lifeguards _____
 Shepard's hook/ring nearby? Yes No Any structures within 10 feet of edge of pool? Yes No
 Pool equipped with drain covers? Yes No

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

Applicant's Signature _____ Producer's Signature _____ Date _____