

Member Companies of Western World Insurance Group

- 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 \_\_\_\_\_

