

**MOBILE HOME PARKS AND CAMPGROUNDS SUPPLEMENTAL APPLICATION**  
(To be submitted with ACORD Applications)

1. **Applicant:** \_\_\_\_\_
2. **Applicant Location:** \_\_\_\_\_
3. **Website Address:** \_\_\_\_\_
4. **Operation:** ☐ Manufactured Home Park      ☐ Mobile Home Park      ☐ RV Park      ☐ Campground
  - a. How Long has applicant been in business? \_\_\_\_\_
  - b. What year was the park built? \_\_\_\_\_
5. **Number of spaces:**
  - a. Number of permanent spaces: \_\_\_\_\_
  - b. What percentage of spaces are rented on a seasonal basis? \_\_\_\_\_%
  - c. Number of tourist (RV and camping) spaces: \_\_\_\_\_
6. **Rental Fees:**
  - a. Average monthly lot rental fee, per space, on permanent spaces: \$ \_\_\_\_\_
  - b. Average lot fee for temporary RV/campground spaces:  
Daily: \$ \_\_\_\_\_  
Weekly: \$ \_\_\_\_\_
  - c. Average monthly Rental charge on owned Mobile home units rented out: \$ \_\_\_\_\_
  - d. Average monthly Rental charge on owned Dwellings rented out: \$ \_\_\_\_\_
7. **Rental Units:**

Number of units rented or leased to other by applicant: \_\_\_\_\_

If any:

  - a. Do rental units have smoke detectors? ☐ Yes ☐ No
  - b. Year of construction of the oldest rental unit? \_\_\_\_\_
  - c. Are units skirted and tied down in accordance with their manufacturer's specifications? ☐ Yes ☐ No
  - d. Does the park offer any repair work to any mobile homes? ☐ Yes ☐ No

If yes, describe: \_\_\_\_\_
8. **Operating season:** From: \_\_\_\_\_ To: \_\_\_\_\_
9. **Number of acres occupied by manufactured home park, mobile home park, RV park or campground:** \_\_\_\_\_  
\_\_\_\_\_

10. Indicate the number of each of the following:

Baseball parks	_____	Boat ramps	_____	Playgrounds	_____	Ski lifts/tows	_____
Basketball courts	_____	Dams	_____	Racquetball courts	_____	Spas/hot tubs	_____
Bathing beaches	_____	Diving rafts	_____	Saunas	_____	Tennis courts	_____
Boat docks/slips	_____	Golf Courses	_____	Shuffleboard courts	_____	Volleyball Courts	_____
Other:	_____		_____	Other:	_____		

11. Other operations:

a. **Bicycle trails** ☐ Yes ☐ No

If yes: Number of trail miles: \_\_\_\_\_

Describe in detail: \_\_\_\_\_

a. **Boats?** ☐ Yes ☐ No

If yes: Please send submission to: Marine Submissions: [marinesubmissions@atlanticcasualty.net](mailto:marinesubmissions@atlanticcasualty.net)

b. **Boat Rental?** ☐ Yes ☐ No

If yes: Please send submission to: Marine Submissions: [marinesubmissions@atlanticcasualty.net](mailto:marinesubmissions@atlanticcasualty.net)

c. **Clubhouse (including exercise rooms)?** ☐ Yes ☐ No

If yes: Square footage? \_\_\_\_\_

d. **Convenience store/grocery store?** ☐ Yes ☐ No

If yes: Number: \_\_\_\_\_

Total Sales: \_\_\_\_\_

e. **Dams?** ☐ Yes ☐ No

Name of dam: \_\_\_\_\_

Dam class: \_\_\_\_\_

Dimensions of dam/holding pond:

Length: Top \_\_\_\_\_ feet      Bottom: \_\_\_\_\_ feet

Width: Top \_\_\_\_\_ feet      Bottom: \_\_\_\_\_ feet

Maximum Height: \_\_\_\_\_ feet

Age of dam/holding pond: \_\_\_\_\_ years

Is the dam inspected yearly by the Core of Engineers: ☐ Yes ☐ No

Date last inspected: \_\_\_\_\_ Attach a copy of the most recent Dam inspection.

If holding pond(s) describe how secured and confirm if fenced with no trespassing signs:

\_\_\_\_\_

- f. **Garbage dumps or landfills?** ☐ Yes ☐ No
- g. **Holding Ponds?** ☐ Yes ☐ No  
Dimensions of holding pond:  
Maximum Depth \_\_\_\_\_ feet  
Is pond fenced and locked: ☐ Yes ☐ No  
Signs posted: ☐ Yes ☐ No
- h. **Horse trails?** ☐ Yes ☐ No  
If yes: Number of trail miles: \_\_\_\_\_  
Describe in detail: \_\_\_\_\_  
\_\_\_\_\_  
Jumps? ☐ Yes ☐ No  
Riding arenas? ☐ Yes ☐ No  
Saddle animals for hire? ☐ Yes ☐ No  
Stables? ☐ Yes ☐ No  
If yes, describe all services: \_\_\_\_\_  
\_\_\_\_\_
- i. **Ice skating?** ☐ Yes ☐ No
- j. **Lakes?** ☐ Yes ☐ No  
If yes: Number of acres: \_\_\_\_\_  
Existence of dams, levees or dikes? ☐ Yes ☐ No  
Is swimming allowed? ☐ Yes ☐ No
- k. **Lodging or cabins?** ☐ Yes ☐ No  
If yes: Number of beds: \_\_\_\_\_
- l. **LPG sales and/or equipment maintenance?** ☐ Yes ☐ No
- m. **Parks?** ☐ Yes ☐ No  
If yes: Number of acres: \_\_\_\_\_
- n. **Streets and roads?** ☐ Yes ☐ No  
If yes: Number of miles: \_\_\_\_\_  
Applicant responsible for maintenance of the roads? ☐ Yes ☐ No

o. **Waterworks/sewage treatment/disposal facilities?**

☐ Yes ☐ No

If yes: Describe in detail: \_\_\_\_\_

Is it maintained and operated by the applicant?

☐ Yes ☐ No

m. **Wilderness or primitive camping available?**

☐ Yes ☐ No

n. **Any additional recreational activities not listed above?**

☐ Yes ☐ No

If yes: Describe in detail: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

12. **Is applicant a homeowner association?**

☐ Yes ☐ No

13. **Any in-park sale of mobile homes by applicant?**

☐ Yes ☐ No

14. **Was facility built on a former landfill or dump?**

☐ Yes ☐ No

15. **Any security guards on premises?**

☐ Yes ☐ No

If yes:

a. How many armed? \_\_\_\_\_

How many unarmed? \_\_\_\_\_

b. How many security guards are employed by the applicant? \_\_\_\_\_

c. If security guards are provided by an outside service, are Certificates of Insurance required? ☐ Yes ☐ No

If yes, minimum limits required: \_\_\_\_\_

16. **Utilities**

**Sewer:** ☐ City ☐ Septic

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

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

c. Any history of problems with system in past five years? (backup, etc.) ☐ Yes ☐ No

If yes, describe problem and action taken to prevent similar problems: \_\_\_\_\_

\_\_\_\_\_

d. 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: \_\_\_\_\_

\_\_\_\_\_

e. Does the mobile home park have its own sewer treatment plant? ☐ Yes ☐ No

f. Disposal facilities? ☐ Yes ☐ No

If yes: How frequently is tank emptied? \_\_\_\_\_

Who disposes of sewage and where? \_\_\_\_\_

**Gas:**

a. Are gas lines owned by the park? ☐ Yes ☐ No

If yes, is park in compliance with Federal Pipeline Safety Act? ☐ Yes ☐ No

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

**Water:** ☐ City ☐ Well on premises

a. If water is supplied by park, is water treated? ☐ Yes ☐ No

If yes, by whom and how often? \_\_\_\_\_

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

**17. Management:**

a. Are licenses, permits and notices current and posted? ☐ Yes ☐ No

b. Is owner/manager located on site? ☐ Yes ☐ No

c. What hours is he/she available to residents? \_\_\_\_\_

d. Is park operated by an independent management company? ☐ Yes ☐ No

e. Are signed leases available to residents? ☐ Yes ☐ No

f. Does owner/management provide a copy of rules/regulations of park to residents? ☐ Yes ☐ No

**18. Are renters/campers allowed to have animals?** ☐ Yes ☐ No

If yes, indicate any restrictions on animals allowed in the park (please provide list of rules):  
\_\_\_\_\_

**19. Has any unit, within the applicant's park, been identified as used for methamphetamine Manufacturing or storage?** ☐ Yes ☐ No

If yes, has remediation and cleanup been completed? ☐ Yes ☐ No

**20. Has applicant had any "failure to maintain" or habitability losses?** ☐ Yes ☐ No

If yes, provide details: \_\_\_\_\_

**21. Is risk fully developed?** ☐ Yes ☐ No

**22. Is there any ongoing construction or future construction planned?** ☐ Yes ☐ No

If yes, describe: \_\_\_\_\_

**23. Does risk engage in the generation of power, other than emergency back-up power, for their Own use or sale to power companies?** ☐ Yes ☐ No

If yes, describe: \_\_\_\_\_

24. Does applicant have any other business venture for which coverage is not requested? ☐ Yes ☐ No

If yes, explain and advise where exposures are insured: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
PRODUCER'S SIGNATURE

\_\_\_\_\_  
DATE:

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

\_\_\_\_\_  
DATE:

**APPLICABLE IN THE STATE OF NEW YORK:**

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.

**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.