

# Atlantic Casualty Insurance Company

A member of the Strickland Insurance Group, Inc.

## Mobile Home Park

### MOBILE HOME PARK APPLICATION

#### SECTION I. GENERAL INFORMATION

1. Named Insured: \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_
3. Inspection Contact \_\_\_\_\_ Phone number: \_\_\_\_\_
4. Web Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_
5. Has coverage been cancelled or non-renewed in the last 3 years?  Yes  No  
If Yes, provide complete details: \_\_\_\_\_

6. Loss Information for the past 3 years:  None or provide details below

Year	# of Claims	Incurred Amounts	Description
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

7. Please advise all entities requesting to be added as Additional Insured on this policy:  Not Applicable

Complete Name	Address	Interest

#### SECTION II. LIMITS OF INSURANCE

8. Commercial General Liability

Each Occurrence	\$ _____
Personal Injury and Advertising Injury	\$ _____
Medical Expense (Any One Person)	\$ _____
Damage to Premises Rented to You	\$ _____
Products/Completed Ops Aggregate	\$ _____
General Aggregate	\$ _____

#### SECTION III. LOCATIONS OF COVERAGE AND CORRESPONDING CLASSIFICATIONS

9. Location Information:  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Classification	Code No.	Premium Basis	Premium Exposure
Mobile Home Parks or Courts	46202	Sales	
Mobile Home - Rented to others (lessor's risk only)	63019	Dwelling	
Swimming Pools	48925	Pool	

#### SECTION IV. ELIGIBILITY CRITERIA

<b>Classification</b>
Mobile Home Parks or Courts

10. No armed security guards  True  False
11. Applicant does not provide waste management, water treatment, electricity generation or any other utilities  True  False

12. No distribution, sale or filling of Liquefied Petroleum Gas (a.k.a. LPG, propane)  True  False
13. No buying or selling of homes or operations as a dealer  True  False
14. Not an RV park or campground  True  False
15. No Assisted Living or Group Home facilities  True  False
16. More than a 70% occupancy rate (Not applicable if the location has been available to tenants less than 12 months)  True  False
17. In the past 3 years, no more than 2 General Liability losses (excluding closed without payment)  True  False
18. No more than a 20% exposure to subsidized residents at any location  True  False
19. Number of total pads/sites within the community: \_\_\_\_\_
20. No more than 150 home sites per location  True  False
21. Number of leased Mobile Homes: \_\_\_\_\_
22. No more than a 30% exposure to leased Mobile Homes  True  False
23. All homes required to be skirted  True  False
24. All lease agreements are for a minimum of 6 months  True  False
25. No exposure to lakes  True  False
26. No direct exposure to the hook-up or tie-down of any mobile homes (except if subcontracted)  True  False
27. If subcontractors are hired to hook-up or tie-down mobile homes, they are required to carry a minimum of \$500,000 occurrence, name the applicant as Additional Insured and provide a Certificate of Insurance confirming all of the above  True  False
28. No exposure to trampolines  True  False
29. Does the applicant have guidelines that address dog ownership?
- Lease agreement prohibits dogs
  - Lease requires all dogs to be leashed at all times and limits the size of the dog allowed to a maximum of 30 lbs.
  - Applicant does not address dogs within the lease agreement or allows dogs of any size
30. Are there any subsidized residents at any location?  Yes  No
31. Does the Community Property Manager live on premises?  Yes  No
32. Are criminal background checks performed on all potential residents?  Yes  No

**Classification**

33. Mobile Home - Rented to others (lessor's risk only)  Not Applicable

34. No building with knob-and-tube or aluminum wiring  True  False
35. Functioning and operational smoke detectors and fire extinguishers located in all units  True  False
36. 100% of the wiring is on functioning and operational circuit breakers  True  False
37. Applicant re-keys all locks prior to leasing to new tenants (Not applicable if the location is rented on a seasonal basis)  True  False
38. In the past 3 years, no more than 1 General Liability loss (excluding closed without payment)  True  False
39. No more than a 20% exposure to subsidized residents at any location  True  False

**Classification**

40. Swimming Pools  Not Applicable

41. No diving boards or slides  True  False
42. Life-saving equipment stored within the pool area  True  False
43. Pool is fenced with a self-latching gate  True  False
44. Pool depths clearly marked  True  False
45. Pool rules clearly posted  True  False

**SECTION V. ADDITIONAL ELIGIBILITY INFORMATION**

46. Does the Applicant engage in any operations not reflected by those classifications listed in Section III. Locations of Coverage and Corresponding Classifications?  Yes  No

If yes, please provide details below:

Classification	Code No.	Premium Basis	Premium Exposure

**Fraud Statement:** 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 materials thereto, commits a fraudulent insurance act, which is a crime and may subject such person to criminal and/or civil penalties and other sanctions.

**Applicant's Warranty Statement:** I warrant that the information provided in this Application, and any amendments or modifications to this Application are true and correct. I acknowledge that the information provided in this Application is material to acceptance of the risk and the issuance of the requested policy by Company. I agree that any claim, incident, occurrence, event or material change in the Applicant's operation taking place between the date this application was signed and the effective date of the insurance policy applied for which would render inaccurate, untrue or incomplete, any information provided in this Application, will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or void any authorization or agreement to bind the insurance. Company may, but is not required to make investigation of the information provided in this Application. A decision by the Company not to make or to limit such investigation does not constitute a waiver or estoppel of Company's rights.

I acknowledge that this Application is deemed incorporated by reference in any policy issued by Company in reliance thereon whether or not the Application is attached to the policy.

**I acknowledge and agree that a breach of this WARRANTY STATEMENT is grounds for Company to declare void any policy or policies issued in reliance thereon and/or deny any claim(s) for coverage thereunder.**

Applicant's Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
 (Must be Owner, Officer or Partner)

Broker's Signature \_\_\_\_\_

Some states require that we have the Name and Address of your (Insured's) Authorized Agent or Broker.

Name of Authorized Agent or Broker \_\_\_\_\_

Address: \_\_\_\_\_

Mail complete application through local Agent or Broker to: \_\_\_\_\_

**SUBMITTING THIS APPLICATION DOES NOT BIND THE APPLICANT TO PURCHASE INSURANCE. ACCEPTANCE OF THIS APPLICATION DOES NOT BIND THE COMPANY TO ISSUE INSURANCE.**