**SCOTTSDALE INSURANCE COMPANY**

P.O. Box 4110 • Scottsdale, Arizona 85261 • (602) 948-0505 • Fax (602) 483-6752

# 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 pools?** _____

Any diving boards over one meter in height? ..... ( ) Yes ( ) No

Are rules posted? ..... ( ) Yes ( ) No

Any water slides? ..... ( ) Yes ( ) No

Are pools fenced? ..... ( ) Yes ( ) No

Are gates self-closing and locking? ..... ( ) Yes ( ) No

Any lifeguards? ..... ( ) Yes ( ) No

**C. Number of:** Clubhouses _____ Saunas _____ Spas _____

**D. Number of:**

Baseball parks _____ Volleyball courts _____ Tennis courts _____

Basketball courts _____ Racquetball courts _____ Playgrounds _____

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: _____

_____

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 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 trails or bike trails?** () 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 _____

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.