



**AMERICAN UNDERWRITING MANAGERS
MOBILE HOME PARK PROGRAM
SUPPLEMENTAL APPLICATION**

Retail Agent Name

Insured: _____ Date: _____

Address: _____

GENERAL INFORMATION

Mobile Home Park Receipts \$ _____ Restaurant/ C-Store Receipts \$ _____
Campground Receipts \$ _____ Propane Tank Swap Receipts \$ _____

Number of: Mobile Home Spaces _____ Spaces Currently Occupied _____
Units Owned/Leased _____ Does owner/manager live on premises? Yes No
Background checks done on tenants? Yes No

Complete for each Mobile Home Unit(s) Owned/Leased:

- Age of each unit(s): _____
- Smoke Detectors are tested/replaced by Owner – Quarterly, Semi-Annual, Annual, Replaced by Tenant
- All other Maintenance schedule for unit? _____

RECREATIONAL FACILITIES

Complete for Swimming Pools and Lakes or Ponds

Pools: Number of pools: _____ Is the pool area fenced from all units? Yes No
Self-locking gates? Yes No Does pool have depth markers? Yes No
Is there a lifeguard? Yes No Does pool have a diving board/slide? Yes No
Are rules posted? Yes No Is there lifesaving equipment in place? Yes No

Lakes/
Ponds: # of lakes/ponds: _____ Size of lakes/ponds (acres): _____
Max depth of water: _____ Is the lake or pond fenced? Yes No
Is fishing allowed? Yes No Is swimming allowed? Yes No
Are rules posted at the pool and lake/pond concerning swimming at your own risk? Yes No

Additional Exposures:

Does Owner provide or responsible for any "gas" utilities to tenants. Yes No

Describe age of utility lines and who performs maintenance: _____

Number of: volleyball courts: _____ tennis courts: _____ baseball parks: _____
basketball courts: _____ playgrounds: _____

Describe all rental equipment: _____

Does risk have docks or boat ramps? Yes No
Does risk have LPG filling operations? Yes No
Does Risk have sewage treatment/disposal facilities or other utilities? Yes No

Describe all losses in the past 3 years:

Has insurance been canceled or non-renewed in the past year for non compliance of recommendations? Yes No

Has applicant filed Bankruptcy (Chapter 7, 11 or 13) or is applicant in receivership? Yes No (Prohibited)

I hereby certify that all information is accurate to the best of my knowledge.

Applicant Signature: _____ Date: _____

Agent Signature: _____ Date: _____

Mobile Home Park Supplemental