



SCOTTSDALE INSURANCE COMPANY®

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Mobile Home Parks and Campgrounds Program Supplemental Application

(Complete in addition to ACORD General Liability Application)

Name of Applicant: _____

Web site Address: _____

1. Operation: Number of years in business: _____

- Permanent Park, RV Park, Campground

2. Number of spaces:

Number of permanent spaces: _____

Percentage of seasonal: %

Number of tourist (RV and Camping) spaces: _____

Number of permanent or tourist spaces containing your units rented to others: _____

Do rental units have smoke detectors? Yes No

Year of construction of the oldest rental unit (NY only): _____

3. Operating season:

From _____ To _____

4. Other operations:

- Tennis/Racquetball/Volleyball/Basketball Courts and Baseball Diamonds
Bathing Beaches
Bicycle Trails
Boats
Boat Rental
Boat Docks/Slips

- Boat Ramps
Club House including any exercise room
Convenience Store/Grocery Store
Garbage dumps or landfills
Horse Trails
Lakes
Lodging or cabins

- Parks
Number of acres: _____
- Playgrounds
Number: _____
- Private well
- Restaurants/Lounges
Number: _____
Total sales: \$ _____
- Riding Arenas and Jumps
Number: _____
- Saddle Animals for Hire
Number: _____
(describe): _____
- Saunas
Number: _____
- Shooting Ranges
Number: _____
Type (bow, shotgun, etc.): _____
- Short term special events
Describe: _____

- Spas/Hot Tubs
Number: _____
- Stables
Number: _____
- Streets and Roads
Number of miles: _____

- Is park responsible for maintenance of the roads? Yes No
- Swimming Pool
Number Indoor: _____
Number Outdoor: _____
 in-ground above-ground
Diving boards/slides/diving platforms? Yes No
Diving board/platform height: _____
Slide height: _____
Swimming rules posted?..... Yes No
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 is allowed? Yes No
- Ice skating
- Golf course
- Recreational equipment rental (snowmobiles, ATV's, golf carts, etc.)
Describe: _____
- Ski lifts/tows
- LPG sales and/or equipment maintenance
- Waterworks and/or sewage treatment/disposal facilities
- Facility built on former landfill or dump
- Wilderness or primitive camping available

5. Describe any additional recreational facilities or operations conducted by you or others on the premises:

6. Any security guards on premises?..... Yes No

If yes, how many? _____

Security guards are:..... armed unarmed

Does the park directly employ security guards?..... Yes No

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

If yes, minimum limits required: _____

7. 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 five 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 is supplied by park, is water treated? Yes No

By whom and how often? _____

Does the state test annually? Yes No

8. 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

9. Are renters/campers allowed to have animals? Yes No

If yes, indicate any restrictions on animals allowed in the park: _____

10. Has applicant had any "failure to maintain" or habitability losses? Yes No

If yes, provide details: _____

11. Is there any ongoing construction or future construction planned? Yes No

If yes, describe: _____

12. Does applicant have any other business ventures for which coverage is not requested? Yes No

If yes, explain and advise where insured: _____

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.

PRODUCER'S SIGNATURE: _____ DATE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____

(Applicable to Florida Agents Only.)

IOWA LICENSED AGENT: _____