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Douglas Gray - Broker

MOBILE HOME PARK QUESTIONNAIRE

GENERAL BUSINESS INFORMATION

1. Business Name: _____
- Mailing Address: _____ City _____ Zip _____
- Physical Address: _____ City _____ Zip _____
- Number of years at this location: _____ Age of the building: _____
- Contact Person: _____ Phone: _____
- Cell: _____ Fax: _____
- E-Mail Address: _____
- Web Site: _____
- Federal Tax ID No.: _____ State Employers ID #: _____
2. How many years have you been in business? _____
- How many years experience in this industry? _____
- How is your business structured? Corporation Partnership LLC Sole Proprietor
3. Have you any bankruptcies, tax or credit liens? No Yes If yes, when? _____
4. Has any insurance coverage been declined, cancelled or non-renewed during the prior five years?
 No Yes If yes, when? _____

INSURANCE HISTORY INFORMATION

5. Please list five years of insurance company names, policy periods, policy numbers, and annual premiums:

	Insurance Company	Policy Period	Policy Number	Annual Premium
Current Policy	_____	_____	_____	\$ _____
1 st Year Prior	_____	_____	_____	\$ _____
2 nd Year Prior	_____	_____	_____	\$ _____
3 rd Year Prior	_____	_____	_____	\$ _____
4 th Year Prior	_____	_____	_____	\$ _____

***PROVIDE 5 YEARS CURRENTLY VALUED HARD COPIES OF LOSS RUNS.**

6. Do you have knowledge of any pre-existing act, omission, event, condition or damages to any person or property including any undisclosed claims that may potentially give rise to any future claim or legal action against you?

No or Yes If Yes, please describe (include a separate sheet if needed): _____

7. Give details of any insurance claims in the last 5 years including type of claim and amount paid.

GENERAL LIABILITY SECTION

8. What Limit of Liability do you desire? \$1,000,000/\$1,000,000 Aggregate \$1,000,000/\$2,000,000 Aggregate

9. Number of employees: *Full Time* _____ *Part Time* _____

10. Do you own 25% or more of the mobile homes? Yes No

11. How many mobile home spaces are there? _____ **Breakdown as follows:**

A. How many long term (6 months or longer) spaces are there? _____

B. How many short term (under 6 months) spaces are there? _____

C. How many mobile home dwellings are rented to others? _____

12. How many swimming pools and/or spas are there? _____

13. How many play areas are there? _____

14. How many lakes are there? _____

15. Is there any vacant land? Yes No If yes, how many acres? _____

PROPERTY SECTION

BUILDING/PROPERTY INFORMATION

COVERAGE IS NOT AVAILABLE FOR INDIVIDUALLY OWNED DWELLINGS OR TRAILERS

16. **Premises #** _____ **Building #** _____
Property Address: _____
Occupancy: _____
Coverage limits: *Building:* _____ *Personal Property:* _____
*** Year built/building age** _____ **Square Footage:** _____
Type of Construction: _____ Type of roof: _____
Protective devices: _____

*** If the building is older than 25 years, please provide the following information:**

Year wiring was updated: _____ Year Plumbing was updated: _____
Year heating was updated: _____ Year roof was updated: _____

17. Is there a Recreational Facility/Club House on the premises? Yes No

18. Is there a Laundry Room on the premises? Yes No

19. Business Income, if any: _____

20. Other coverage desired: _____

21. Desired Deductible: \$1,000 \$2,500 \$5,000

22. **If there is a mortgagee, please provide their Name, Mailing Address, and Loan #:**

23. Please describe the operations of your surrounding neighbors:

To the Right: _____ To the Left: _____
Behind you: _____

ELECTRONIC DATA PROCESSING SECTION

24. What is the total value of your computer equipment?

Hardware: _____ Software: _____

If there is a Lien Holder or Loss Payee on the equipment, please list:

INLAND MARINE SECTION

Scheduled Equipment list and values

25. A. Items valued over \$1,000 must be scheduled: You can attach a separate sheet if need be.

Item	Description of Equipment to include year, make, & model	Value
1.	_____	\$ _____
2.	_____	\$ _____
3.	_____	\$ _____

If there is a Lien Holder or Loss Payee on the equipment, please list:

B. Total Value of miscellaneous tools under \$1,000: \$ _____

C. What is your desired deductible? \$500 \$1,000

26. Do you have any golf carts? Yes No If yes, how many? _____ Value: _____

27. Do you have any signs? Yes No If yes, describe: _____

Comments: _____

The purpose of this Questionnaire, along with the corresponding sections attached to it, is to assist us in the underwriting process. Information contained herein and provided by you is specifically relied upon in determining your insurability. The undersigned, therefore, warrants that the information contained herein is true and accurate to the best of his/her knowledge, information and belief.

Signature of applicant: _____ Date: _____

Print Name: _____ Title: _____

Please visit us at our web site, www.aspeninsbrokers.com