

# SCOTTSDALE

SURPLUS LINES 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

Number: \_\_\_\_\_

☐ Bathing Beaches

Number: \_\_\_\_\_

☐ Bicycle Trails

Number of trail miles: \_\_\_\_\_

☐ Boats

Number: \_\_\_\_\_

Type: \_\_\_\_\_

☐ Boat Rental

Number: \_\_\_\_\_

Type: \_\_\_\_\_

Are Coast Guard approved flotation  
devices provided for all pas-  
sengers? ..... ☐ Yes ☐ No

☐ Boat Docks/Slips

Number: \_\_\_\_\_

☐ Boat Ramps

Number: \_\_\_\_\_

☐ Club House including any exercise room

Square footage: \_\_\_\_\_

☐ Convenience Store/Grocery Store

Number: \_\_\_\_\_

Total sales: \$ \_\_\_\_\_

☐ Garbage dumps or landfills

☐ Horse Trails

Number of trail miles: \_\_\_\_\_

Describe trails in detail: \_\_\_\_\_

☐ Lakes

☐ Lake formed by a Dam (complete GLS-113)

Number of acres: \_\_\_\_\_

Is swimming allowed? ..... ☐ Yes ☐ No

☐ Lodging or cabins

Number of beds: \_\_\_\_\_

- ☐ 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: \_\_\_\_\_