

**COLONY INSURANCE COMPANY – COLONY SPECIALTY INSURANCE COMPANY
PELEUS INSURANCE COMPANY**

CONTRACT DIVISION - MOBILE HOME PARKS - SUPPLEMENTAL APPLICATION

ACORD Application also required - Check all applicable checkboxes below

General Agent:	Date:
Insured:	
Insured Mailing Address:	
Insured's Web Address:	
Insured Contact Name:	Phone Number:

PROHIBITED (check all that apply to your operations)

- Aluminum wiring
- Armed security guards, off duty peace officers acceptable
- LPG tank filling (tank swapping from locked cages outside of building are acceptable)

SUBMIT

- Student housing exceeds 25% Actual is _____ %
- Subsidized housing exceeds 25% Actual is _____ %

YEARS IN BUSINESS / EXPERIENCE

_____ Years in business as the 'Named Insured' indicated on this application

_____ Years' experience in the operations indicated on this application - Attach resumes if available

- Has applicant had an insurance policy cancelled or non-renewed in past 3 years? If yes, explain.
(Missouri Applicants - Do not answer this question)

- Applicant in receivership
- Bankruptcy (Chapter 7, 11 or 13) has been filed in past 5 years

CONTRACTS

- Written contracts are always used with third parties. If not, explain:

LOSS HISTORY / EVICTIONS / VIOLATIONS

- Three years of loss history information on ACORD application or attached to this application
- Eviction(s) in past three years If yes, how many? _____
- Violations of any city, county or state housing codes in past three years

MOBILE HOME PARKS - SUPPLEMENTAL APPLICATION

EXPOSURES / OPERATIONS / CONTROLS (check all that apply)

- Applicant provides hook-up service that include gas connections by insured or by employees
- Lease of Mobile Home Pads:
If yes, number of pads available for lease: _____ Number of pads actually rented: _____
- Rental of mobile homes owned by applicant:
Number of mobile homes available for rent: _____ Number of units actually rented: _____
 - All units over 20 years old have had a professional heating system inspection
 - All units over 10 years old have had a professional electrical inspection
 - Carbon monoxide detectors provided in all units
 - Fire extinguishers in all unit
 - Rented units have regular inspection and maintenance
 - Smoke detectors are in all units: Battery Hardwired
 - Rental periods may be as short as one week
 - Porches have railings and steps have handrails
- Bar/Tavern/Lounge If yes, owned and/or operated by: Insured Third Party
- Beachfront
- Boat Docks / Ramps / Slips If yes, total number of all: _____
- Boat Rentals by applicant Rentals that are other than row or sail boats:
- Clubhouse – rented to residents only
- Clubhouse – rented to non-residents
- Convenience store If yes, owned and/or operated by: Insured Third Party
- Fire extinguishers placed in common areas (if any) and all are currently tagged
- Fitness center
- Hot tub / Sauna / Steam room
- Lakes (must be posted no swimming) If yes, number of total acres of water: _____
- Manager lives on premises
 - Residents provided with contact(s) that provide 24/7 emergency services
- Leases for pads or mobile homes prohibit ownership of vicious breeds
- Playground(s)
- Restaurant (complete Restaurant Supplemental Application)
- Roads owned, controlled and/or maintained by applicant If yes, paved unpaved.
- Sale (by applicant) of LP or Natural Gas
- Sale (by applicant) of gasoline
- Sewage Treatment Facilities that are owned and operated by the applicant
- Storage tanks - Underground If yes (describe):
- Storage tanks – Above ground If yes (describe):
- Sauna / Steam Room
- Storage units provided by application that are not inside of individual living units

MOBILE HOME PARKS - SUPPLEMENTAL APPLICATION

EXPOSURES / OPERATIONS / CONTROLS (check all that apply) cont.

- Swimming Pool(s) Number of swimming pools: _____
- Depths marked, Life safety equipment placed in pool area, Rules posted
 - Competitions Diving Teams Swimming Instruction
 - Fenced completely with self-latching gate(s), if pool is outdoors
 - Life guards CPR trained Subcontracted out
 - Slides or diving boards Maximum height: _____ feet
- Water treatment (other than wastewater) provided via facilities that are owned and/or operated by the insured or Insured's employee(s)
- Additional exposures not listed above (describe):

RECEIPTS

Campgrounds	\$
Convenience Store	\$
Gasoline	\$
Mobile Home Park	\$
Propane Tanks (only swap is acceptable)	\$
Restaurant/Snack Bar	\$
Other (describe):	\$
Other (describe):	\$
TOTAL of all receipts	\$

SUBCONTRACTORS

- Uninsured subcontractors are not acceptable. Exceptions allowed in Texas subject to Company guidelines.
Describe type of work performed by subcontractors:

- Risk transfer – Subcontractors:
 - Additional Insured – Status granted to you on the subcontractor's policy
 - Certificates of Insurance - Always obtained from a subcontractor prior to any work being done for you
 - Limits of Liability - Subcontractors are required to carry limits equal or above your own

EMPLOYEES

Total Number of Employees (include leased employees): _____

MOBILE HOME PARKS - SUPPLEMENTAL APPLICATION

COVERAGE OPTIONS - LIABILITY (check if you would like a quote on any of the following)

- Employee Benefit Liability – U058
- Employment Practices Liability Insurance – U817 (Not available in AR, LA, MT, NM, NY, VT)
- High Limits General Liability
- Identity Recovery – i.e. Identity Theft – U651
- Medical Expense Limit of \$10,000 rather than \$5,000
- Stop Gap Liability – U066

COVERAGE OPTIONS - PROPERTY (check if you would like a quote on any of the following)

- Building Ordinance or Law (Increased Cost of Construction) – U750
- Equipment Breakdown – U522 and U523
Property Coverage Enhancement: Bronze – U777C Silver – U777B or Gold-U777A
- Signs (Outdoor) 0 Co1449
- Water Back Up and Sump Overflow – U548

GENERAL FRAUD STATEMENT (Not applicable in all states.)

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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

The undersigned is an authorized representative of the applicant and certifies that reasonable inquiry has been made to questions on this application. He/She certifies:

- The answers are true, correct and complete to the best of his/her knowledge.*
- They agree to the Privacy and Fraud provisions found in the ACORD-125 (Commercial Insurance Application) and understand those provisions also apply to this supplemental application.*

SIGN AND DATE

PRODUCER'S SIGNATURE	DATE
APPLICANT'S PRINTED NAME	DATE
APPLICANT'S SIGNATURE	DATE