

MOBILE HOME PARK QUESTIONNAIRE (AZ,CA, NV) *FINANCIAL PACIFIC*



This questionnaire is part of the application. The answers in this questionnaire are warranties on the part of the insured, furnished to Financial Pacific Insurance Company, in consideration for Financial Pacific Insurance Company providing insurance.

Insured/applicant _____ Location _____

Total years in business _____ Years under your current business name _____

Insured/applicant Social Security number _____ - _____ - _____

1. How many "full time" spaces occupied in the park? _____ How many "vacant" spaces? _____
 How many "overnight" spaces are in the park? _____ How many "total" spaces? _____

2. Is this park connected to a septic system? Yes ___ No ___
 If yes, is it evacuated annually? Yes ___ No ___
 If yes, are records available? Yes ___ No ___

3. How are tenant complaints/disputes resolved? _____

4. Is there a swimming pool on premises? Yes ___ No ___
 If yes, is it fenced with a self-locking gate, adequate warning signs, safety equipment? Yes ___ No ___

5. Is there lake or river access on the property? Yes ___ No ___
 If yes, what are its uses? (Boating, swimming, etc) _____

How large? How deep? _____

6. Does the manager live in the park? Yes ___ No ___

7. Is there any LPG gas filling/services on the premises? Yes ___ No ___
 If yes, describe its location and protection _____

8. Have you ever been involved in any litigation regarding the park? Yes ___ No ___
 If yes, list the current status and describe the details of litigation in NOTES section
 or on a separate sheet of paper.

9. Have you ever been cited for violations of the Mobile Home Park Act or
 Health and Safety codes? Yes ___ No ___

10. Is there a tenant or homeowner association? Yes ___ No ___
 Has the Association ever brought a claim or suit against the owners? Yes ___ No ___
 If yes, please describe on a separate sheet.

11. Are there restrictions on the type, age or size of the home? Yes ___ No ___
 If yes, please describe _____

12. Are there restrictions on the type or age of the tenants? Yes ___ No ___

13. Are maintenance services performed by licensed and insured contractors? Yes ___ No ___

14. Do you provide any van or bus services for tenants? Yes ___ No ___

15. Are there coin operated laundries, vending machines or video games in the park? Yes ___ No ___

16. Is there a formal park evacuation plan in place? Yes ___ No ___

17. Are there adequately lit, well-maintained paved roads? Yes ___ No ___

18. Is playground equipment present? Yes ___ No ___

19. Are there any recreational facilities provided? Yes ___ No ___
 If yes, please describe _____

20. Are brush and weeds in the park controlled? Yes ___ No ___

21. Are homes separated by at least 10 feet to prevent spread of fire? Yes ___ No ___

22. Are all units installed and anchored in accordance with manufacturers' specifications? Yes ___ No ___

23. Does the park owner also sell new and/or used mobile or trailer homes?..... Yes ___ No ___
 If yes, how many per year? _____
24. Are any homes rented out? _____ Yes ___ No ___
 If yes, how many? _____
25. Are you involved in the transportation and installation or repair of manufactured homes? Yes ___ No ___
26. Do you lend out any equipment to park residents? Yes ___ No ___
 If yes, please describe _____

27. Do you use subcontractors? Yes ___ No ___
 If yes, are all of your subcontractors always required to:
- a. Provide you with proof of workers compensation and liability insurance before they or their employees are allowed on the job site? Yes ___ No ___
 - b. Maintain liability insurance with limits equal to or higher than your own limits? Yes ___ No ___
 - c. Provide an endorsement on their insurance policy naming you as an additional insured before beginning work? Yes ___ No ___
 - d. Do you keep a copy of the subcontractor's proof of insurance in your job file? Yes ___ No ___
 If yes, how long do you keep the file? _____
28. Are you currently aware of any environmental conditions that could give rise to a pollution claim? Yes ___ No ___
 If yes, please describe the condition.

29. Are there any above ground or underground tanks located on the premises? Yes ___ No ___
 If yes, please provide a tank schedule.
 If yes, do tanks meet 1998 EPA upgrade requirements? Yes ___ No ___
30. During the last 5 years have you been cited and/or prosecuted for contravention or violation of any standard or law relating to the release from your premises of any substance into sewers, rivers, seas, air or land? Yes ___ No ___

NOTES:

I certify that the information in or attached to this questionnaire is true, complete and correct based on business records and my personal knowledge. I understand that Financial Pacific Insurance Company may rescind coverage if I have not provided accurate and complete information in this application.

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| Owner or Officer's Name | Agent's Name | |
| Title | Agent's Signature | Date |
| Owner or Officer's Signature | Date | Expiring FPIC policy number, if applicable |