K**apian Risk Services, I**nc. www.kapianrisk.com

Me	ember Companies of Western V Western World Insurance	Application					
	Tudor Insurance Compar	· · · · · · · · · · · · · · · · · · ·	For				
	Stratford Insurance Com	•		Mobile Home Parks			
1	General Information: Named Insured						
	Mailing Address						
	Inspection Contact Phone Number						
	Web Site Address						
	Has coverage been cancelled or non-renewed in the past three (3) years?  [If yes, please provide complete details:						
2	Loss Information for past thr	oo (3) yoars? If yos	places provide details below		Vos DNs		
2		ncurred Amounts		T	Yes No		
	Teal # Claims 1	riculted Amounts	Description	Open	Closed		
3	Please list all entities to be added as <b>Additional Insureds</b> on this policy:						
	Complete Name			Interest			
	Location Information: Address						
	City	*	State	Zip _			
	Operation: Operating season	on — From	То				
	Permanent Park — Provide # of spaces RV Park — Provide # of spaces						
	Number of owned units rented		<u> </u>				
	Any sales of mobile homes?						
4.	Describe any additional recrea	<b>itional facilities</b> or ope	erations conducted by Applicant or others on the	premises:			
5.	Any <b>security guards</b> on prem If yes, how many?		ity guards are employees, need payroll: \$		Yes No		
	, -	•	e, are Certificates of Insurance required?		Yes □No		
6.	Management:				,		
	Are licenses, permits and notice		∕es ∐No				
	Is owner/manager located on site?				∕es ∐No		
	What hours is he/she available to residents?				. —		
	Is park operated by an indeper		ompany?		res ∐No		
	Are signed leases available to Does owner/management prov		gulations of park to residents?		∕es ∐No ∕es ∏No		
	2003 Owner/management prov	nac a copy of fules/le	galations of park to residents:	Щ'			

7. 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 (5) 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: Own sewage 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 the Federal Pipeline Safety Act?	Yes No					
Are gas system 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					
Other Operations:						
Tennis/racquetball/volleyball/basketball courts and baseball diamonds: Number	. · -					
Bicycle trails: Number	•					
Any other type of trails? Yes No If yes, please describe:						
Boats: Number Type(s):						
Boat Rental: Number Type(s):						
Are Coast Guard approved flotation devices provided for all passengers?	☐Yes ☐ No					
Boat Docks/Slips: Number Boat ramps: Number						
Clubhouse Including Any Exercise Room: Square FootageSq. Ft.						
Convenience Store/Grocery Stores: Number Gross Sales \$						
Playgrounds Number Equipment						
Ground Cover						
Lakes Yes No If yes, is swimming allowed? Yes No						
Lake formed by a Dam? Yes No (If yes, attach latest dam inspection). Number of acres						
Swimming Pool: In-ground Above-ground Dimensions Max. Depth						
Number Indoor Number Outdoor Swimming rules posted?	☐Yes ☐No					
Diving Boards/Slides/Diving Platforms?						
Diving board/platform height Slide height						
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 allowed?	YesNo					
Spas/Hot Tubs: Number Bathing Beaches: Number						
Streets/Roads: Number of miles Is park responsible for maintenance of the roads?	YesNo					
LPG sales and/or equipment maintenance: \$						
Waterworks and/or sewage treatment/disposal facilities?  Facility built on former landfill or dump?  Yes No						
Facility built on former landfill or dump?  Garbage dumps or landfills?   Yes  No  If yes, number						
Carbago admipo or idiramio:						

9	Any <b>pets</b> permitted?		☐Yes ☐No
	If any of the following breeds: Pit Bull, Rottweiler, German Shepherd, Hu	ıskie, Alaskan Malam	ute,
	Doberman, Chow Chow, Great Dane, and Saint Bernard, please refer to	company.	•
10	Has Applicant had any "failure to maintain" or habitability losses?		
10.			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		Yes No
	If yes, explain and advise where insured:	·	
13.	Limits Of Insurance Requested:		
	General Aggregate Limit (Other than Products – Completed Operations)	\$	
	Products – Completed Operations Aggregate Limit	\$	
	Personal and Advertising Injury Limit	\$	any one (1) person or organization
	Each Occurrence Limit	\$	•
	Damage to Premises Rented to You (up to \$50,000 limit available)	\$	any one (1) premises
	Medical Expense Limit (up to \$5,000 limit available)	\$	any one (1) person
nn	licent's Signature:		
itle	Producing A	gent:	
#	Additional descriptions or full details for a	any of the above.	
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