

**MAIN SALES INSURANCE SOLUTIONS, INC.
MOBILE HOME PARK SUPPLEMENTAL**

Insured: _____ Date: _____

GENERAL INFORMATION

Mobile Home Park Receipts	\$ _____	Convenience Store Receipts	\$ _____
Campground Receipts	\$ _____	Restaurant Receipts	\$ _____
Propane Tank Swap Receipts	\$ _____	Gasoline Receipts	\$ _____

Number of: Mobile Home Spaces	_____	Clubhouse square footage	_____
Spaces Currently Occupied	_____	Miles of biking/jogging trails	_____
Units Insured Owns	_____	Does owner/manager live on premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Complete for Mobile Home Units Owned by Insured:

- Age of units: _____
- Maintenance schedule for units? _____
- Describe fire safety equipment required or provided by insured (i.e. fire extinguishers, smoke detectors):

- Maintenance schedule for fire safety equipment provided by insured: _____

RECREATIONAL FACILITIES

Complete for Swimming Pools and Lakes or Ponds

Pools:	Number of pools: _____	Is the pool area fenced from all units?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Self-locking gates? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does pool have depth markers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Is there a lifeguard? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does pool have a diving board/slide?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Are rules posted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there lifesaving equipment in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Lakes/ Ponds:	# of lakes/ponds: _____	Number of acres: _____	
	Max depth of water: _____	Is the lake or pond fenced?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Is fishing allowed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is swimming allowed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are rules posted at the pool and lake/pond concerning swimming at your own risk? Yes No

Additional Exposures:

Describe playground equipment: _____

Describe any exercise facilities, including types of equipment: _____

Number of: volleyball courts: _____ tennis courts: _____ baseball parks: _____
 basketball courts: _____ playgrounds: _____

Describe all rental equipment: _____

Is there underground/above ground storage tank? Yes No

Does risk have docks or boat ramps? Yes No

Does risk have LPG filling operations? Yes No

Does Risk have sewage treatment/disposal facilities or other utilities? Yes No

Describe all losses in the past 3 years: _____

Has insurance been canceled or non-renewed in the past year for non compliance of recommendations? Yes No

Has applicant filed Bankruptcy (Chapter 7, 11 or 13) or is applicant in receivership? Yes No (Prohibited)

I hereby certify that all information is accurate to the best of my knowledge.

Applicant Signature: _____ Date: _____

Producer: _____ Date: _____