

COMMUNITY SUPPLEMENTAL APPLICATION

Community Name: \_\_\_\_\_
Mailing Address: \_\_\_\_\_
Community Address: \_\_\_\_\_

GENERAL COMMUNITY INFORMATION

- 1. Total mfgd. home sites: \_\_\_\_\_ Vacant sites: \_\_\_\_\_ Owned rentals: \_\_\_\_\_
2. Total community contract sale homes: \_\_\_\_\_
3. Estimated community home sales: \_\_\_\_\_ (If over 300K complete Retailer App)
4. What is the average per space rent? \_\_\_\_\_ Total annual income: \_\_\_\_\_
5. Do you have any RV sites? \_\_\_\_\_ If so, how many? \_\_\_\_\_
6. Does your community qualify as retirement or senior? \_\_\_\_\_
7. Are all common buildings handicapped accessible? \_\_\_\_\_
8. Year community was established (original): \_\_\_\_\_
9. Streets are paved: \_\_\_ 100% \_\_\_ Partially Paved \_\_\_ Not Paved
10. Percentage of sites that have off street parking: \_\_\_\_\_
11. Type of lighting for public areas: \_\_\_ Complete \_\_\_ Partial \_\_\_ None
12. Does the community have city water? \_\_\_\_\_
13. Does the community have city sewage? \_\_\_\_\_
14. Do you require that units be skirted? \_\_\_\_\_
15. Any water exposure? \_\_\_\_\_ If yes, please describe: \_\_\_\_\_
(If your community has a pool please complete the swimming pool questionnaire.)
16. Do you operate any other types of business: \_\_\_\_\_ If yes, please describe: \_\_\_\_\_
17. Distance to the nearest fire station: \_\_\_\_\_
18. Distance to the nearest fire hydrant: \_\_\_\_\_
19. Is there playground equipment in the community?
Do ground surfaces under and around the playground equipment contain a minimum of
12 inches of wood chips, mulch, sand, or mats made of safety tested rubber? \_\_\_\_\_
20. Other amenities offered in the community: \_\_\_\_\_
21. Is security provided to residents? \_\_\_\_\_
22. Years under current management: \_\_\_\_\_
23. Are you a member of a state mfgd. housing assoc.? \_\_\_\_\_
24. Do you own other housing communities? \_\_\_\_\_
25. Number of employees: \_\_\_\_\_
26. Do you or your manager live in the community? \_\_\_\_\_
27. Do you require tenants to carry homeowners insurance? \_\_\_\_\_
28. Do any tenants have commercial operations in the community? \_\_\_\_\_
29. Do you charge for storage areas? \_\_\_\_\_
30. Do you allow pets? \_\_\_\_\_
Are they registered with community management? \_\_\_\_\_

- 31. Any animal bite incidents in the past 5 years? \_\_\_\_\_
- 32. Are Dangerous breeds allowed? \_\_\_\_\_

**RENTAL HOMES**

- 1. How many rental units were manufactured prior to 1977? \_\_\_\_\_  
*For all units built prior to 1977 list updates and provide pictures.*
- 2. Do all rental units have fire extinguishers and smoke detectors? \_\_\_\_\_
- 3. Do you have annual smoke detector inspections? \_\_\_\_\_
- 4. Do you have handrails on all units with steps over two feet? \_\_\_\_\_
- 5. Do you have non-skid steps with handrails on all rental units? \_\_\_\_\_

**LOSS HISTORY**

To the best of your knowledge please list any insurance claims for the prior four years:

I the undersigned hereby represent that all of the questions answered in this questionnaire have been reviewed and understand the representations made herein. Further, my broker (indicated by signature below) has explained to me the impact my signing this form has on my coverage, terms, conditions and amounts of insurance collectable under this contract, and further understands that failure to comply with any or all of these provisions may result in reduced or void coverage.

Insured Signature \_\_\_\_\_ Date \_\_\_\_\_

Agent Signature \_\_\_\_\_ Date \_\_\_\_\_