



**COLONY INSURANCE COMPANY
MOBILE HOME PARK PDQ
SUPPLEMENTAL APPLICATION**

General Agent Name _____

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? Yes 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? Yes No
 Self-locking gates? Yes No Does pool have depth markers? Yes No
 Is there a lifeguard? Yes No Does pool have a diving board/slide? Yes No
 Are rules posted? Yes No Is there lifesaving equipment in place? Yes No

Lakes/
 Ponds: # of lakes/ponds: _____ Number of acres: _____
 Max depth of water: _____ Is the lake or pond fenced? Yes No
 Is fishing allowed? Yes No Is swimming allowed? Yes 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: _____