

Owner: \_\_\_\_\_  
\_\_\_\_\_

- Individual  Partnership  Corporation  Limited Corporation  
 Joint Venture  Other \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Email \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_\_) \_\_\_\_\_

No. Of Years In Business: \_\_\_\_\_ At This Location: \_\_\_\_\_

Name of Park: \_\_\_\_\_

Location Address: \_\_\_\_\_

Year Built: \_\_\_\_\_

1. Are you a member of the State Mfg Housing Assoc.? \_\_\_\_\_

2. Name of current insurance company: \_\_\_\_\_

3. Current Policy #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

4. Have you had any losses or incidents during the past 5 years? \_\_\_\_\_

5. Please explain. Include loss date; description; amount paid (use separate sheet if necessary): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Has your insurance been cancelled or non-renewed in the last 3 years? \_\_\_\_\_

7. Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Is there a manager on premises? \_\_\_\_\_ Full or part time? \_\_\_\_\_

9. Total # of employees? \_\_\_\_\_ Estimated annual payroll \$ \_\_\_\_\_

10. Current Monthly Rent per Space \_\_\_\_\_ Rental Spaces: \_\_\_\_\_

11. Occupied – Mobile Home Spaces Rented to Others \_\_\_\_\_

12. Vacant Mobile Home Spaces \_\_\_\_\_

13. Occupied by Mobile Homes you Rent or Own \_\_\_\_\_

14. Total # of Rental Spaces (Mobile Homes): \_\_\_\_\_

15. Other Residential/Habitational Units \_\_\_\_\_ Describe: \_\_\_\_\_

16. Are mobile homes skirted? \_\_\_\_\_

17. Are mobile homes tied down? \_\_\_\_\_

18. Do you sell new units in your Park? \_\_\_\_\_ # Per Year \_\_\_\_\_
19. RV Spaces Rented to Others Overnight: \_\_\_\_\_
20. RV Spaces Rented to Others Monthly \_\_\_\_\_
21. Estimated average age of mobile homes in Park \_\_\_\_\_
22. Is there a minimum of 15 foot spacing between mobile homes? \_\_\_\_\_
23. Do your employees set up homes?  Yes  No
24. Street construction through Park: Paved:\_\_\_ Gravel:\_\_\_ Dirt:\_\_\_
25. Street lighting Full:\_\_\_\_\_ Partial:\_\_\_\_\_ None:\_\_\_\_\_
26. Do you own or operate any other business at this location?  Yes  No
27. Any Real Estate Development?  Yes  No
28. Any Vacant Land? Yes  No \_\_\_\_\_ # Acres
29. Are pets allowed in the Park?\_\_\_\_\_ Please provide a copy of pet rules.
30. Restrictions:\_\_\_\_\_
31. Are breeds such as Dobermans, Pit Bulls, Rottweilers, Chows or Wolf hybrids allowed? \_\_\_\_\_
32. Do you obtain Certificates of Insurance from all Independent Contractors and service vendors? \_\_\_\_\_
33. Do you maintain a physical improvements and maintenance log? \_\_\_\_\_
34. Are any facilities open to the public? \_\_\_\_\_
35. If yes, please describe: \_\_\_\_\_
36. Are rules and regulations in place and enforced? \_\_\_\_\_
37. Please provide a copy of your park rules.
38. Does the Park provide any of the following: (indicate the number of facilities)
39. Tennis Court \_\_\_ Golf Course(# holes) \_\_\_\_\_ Playground \_\_\_\_\_
40. Exercise Room \_\_\_\_\_ Computer Center \_\_\_\_\_ Spa/Sauna \_\_\_\_\_
41. Other (describe) \_\_\_\_\_
42. If any of the above is provided, please describe in the remarks section or on a separate sheet, including type of equipment used, and what safety precautions are in place. Include separate receipts generated for each listed item.
43. Does the Park provide any of the following (complete swimming pool questionnaire attached):
44. Swimming Pool \_\_\_ Diving Board/Slide \_\_\_\_\_ Jacuzzi \_\_\_\_\_
45. Any other water exposure (Lake, Swimming Beach, Creek, etc.)?  
\_\_\_\_\_
46. Name of Responding Fire Department  
\_\_\_\_\_
47. Nearest responding Fire Station? \_\_\_\_\_(mi)
48. Distance from nearest Fire Hydrant? \_\_\_\_\_(ft)
49. Any adjacent brush, grass, or forest fire hazard? \_\_\_\_\_

50. Is the Park inside or outside the city limits? \_\_\_\_\_
51. Please explain any unusual hazards, such as wind, hail, falling trees, landslide, etc. \_\_\_\_\_  
\_\_\_\_\_
52. Does the Park sell or service any propane or gas \_\_\_\_\_
53. Please describe (# of pounds of propane or gallons of gas, receipts from these operations, # of pumps, etc.) \_\_\_\_\_  
\_\_\_\_\_
54. Are utilities underground? \_\_\_\_\_
55. City sewer or septic tank? \_\_\_\_\_
56. City garbage or private? \_\_\_\_\_
57. City water or well? \_\_\_\_\_
58. % of Single Wide \_\_\_\_\_ Double Wide \_\_\_\_\_ 8 ft Wide \_\_\_\_\_
59. Percentage of Family \_\_\_ Adult only \_\_\_ Retirement \_\_\_ Mixed \_\_\_\_\_
60. Park well maintained and show pride of ownership?  
\_\_\_\_\_
61. Please describe the general condition of the park, and/or any unusual features it may have, such as licensed or unlicensed business use; autos; mobile equipment used to maintain the premises (tractors, snowplows, etc.); recreational facilities; and any other facilities provided for the use/benefit of your tenants (sponsor activities; aerobics; fitness classes; tours; shuttle service; garage sales; hobby classes; etc.).
62. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Title \_\_\_\_\_