

Capitol Indemnity Corporation

P.O. Box 5900
Madison, WI 53705

MOBILE HOME PARK QUESTIONNAIRE

(to be attached to Acord Application)

Named Insured _____ Policy Number _____

1. Who is responsible for the set-up and maintenance of the following services:

<u>Service</u>	<u>Municipality</u>	<u>Mobile Home Park Owner</u>	<u>Other (explain)</u>
Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electricity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sewer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating Fuel or Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Road Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snow Removal:			
Streets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sidewalks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Does the community have adequately lit, well maintained, paved roads and sidewalks? Yes No

3. Is there a swimming pool or beach on the premises? Yes No
Risks with diving boards, water slides or other water recreational equipment are unacceptable.

Number of boat docks? _____ Is there any watercraft rental? Yes No

If yes, give annual gross receipts \$ _____ and attach schedule of all boats and motors.

4. Is there playground equipment? Yes No

5. Is there a clubhouse? Yes No

6. Are other recreational facilities are provided? Yes No

If yes, describe: _____

7. Are all units installed and anchored in accordance with manufacturers' specifications? Yes No

8. What type of neighborhood is the community located in? rural industrial other _____

9. Is there a manager on the premises? Yes No

Managers name _____ Phone _____

10. Does the community owner sell new or used mobile or manufactured homes? Yes No
Does insured transport and/or install mobile or manufactured homes? Yes No

11. Number of total park sites # _____
Number of rental dwellings # _____
Number of rental mobile/manufactured homes # _____
Number of privately owned homes # _____

12. Are speed limit signs clearly posted? Yes No
Are there speed bumps? Yes No
13. Mobile maintenance equipment? Yes No

List (i.e. front end loader, golf carts, etc.) _____

I HEREBY DECLARE TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT ALL THE FOREGOING STATEMENTS ARE COMPLETE AND TRUE, AND THAT THESE STATEMENTS ARE OFFERED AS AN INDUCEMENT TO THE COMPANY TO ISSUE A POLICY FOR WHICH I AM APPLYING. IT IS UNDERSTOOD AND AGREED THAT COMPLETION OF THIS QUESTIONNAIRE DOES NOT BIND THE COMPANY.

Signature of Applicant

Date