

Chris-Leef General Agency, Inc.  
P.O. Box 3747 Shawnee Mission, KS. 66203  
(913) 631-1232 (913) 631-1128 fax  
contract@chris-leef.com

**Mobile Home Park Program General Liability Application**

Applicant's Name \_\_\_\_\_ Agent Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_  
Location \_\_\_\_\_ PROPOSED EFFECTIVE DATE:  
From \_\_\_\_\_ To \_\_\_\_\_  
12:01 A.M., Standard Time at the address of the Applicant

Applicant is:  Individual  Corporation  Partnership  Joint Venture  Other (Specify) \_\_\_\_\_

LIMITS OF LIABILITY REQUESTED		PREMIUMS
General Aggregate	\$	Premises/Operations
Products & Completed Operations Aggregate	\$	
Personal & Advertising Injury	\$	Products/Completed Operations
Each Occurrence	\$	
Fire Damage (any one fire)	\$	Other
Medical Expense (any one person)	\$ Excluded	
Other Coverages, Restrictions. and/or Endorsements		Total
		\$

A. Years in business: \_\_\_\_\_

B. Number of spaces: \_\_\_\_\_ Rental units \_\_\_\_\_ Owned units \_\_\_\_\_  
RV's/campground spaces \_\_\_\_\_ % Seasonal \_\_\_\_\_

C. How many swimming pool(s)? \_\_\_\_\_

Any diving boards over one meter in height? .....  Yes  No Are pool(s) fenced? .....  Yes  No  
Are rules posted? .....  Yes  No Are gate(s) self-closing and locking? .....  Yes  No  
Any water slides? .....  Yes  No Any lifeguards? .....  Yes  No

D. Number of: Clubhouse(s) \_\_\_\_\_ Sauna(s) \_\_\_\_\_ Spa(s) \_\_\_\_\_

E Any of the following:

Baseball park(s) # \_\_\_\_\_ Volleyball court(s) # \_\_\_\_\_ Tennis court(s) # \_\_\_\_\_  
Basketball court(s) # \_\_\_\_\_ Racquetball court(s) # \_\_\_\_\_ Playground(s) # \_\_\_\_\_  
Lakes (no. of acres) \_\_\_\_\_ Swimming allowed? \_\_\_\_\_ Boat docks # \_\_\_\_\_  
Boat rentals \_\_\_\_\_ Dams \_\_\_\_\_ If so, complete Dam Questionnaire GLS-1 13

Short-term events? \_\_\_\_\_ If yes, please describe \_\_\_\_\_

Waterworks and sewage treatment/disposal facilities? \_\_\_\_\_ LPG sales or hookups? \_\_\_\_\_

Recreational equipment rentals? \_\_\_\_\_ Are permanent units skirted? \_\_\_\_\_



This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**APPLICABLE IN THE STATE OF NEW YORK:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**FRAUD WARNING-APPLICABLE IN KENTUCKY, MINNESOTA, OHIO AND PENNSYLVANIA:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

APPLICANT'S SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

Name and Phone Number of person to contact for inspection and/or premium audit purposes \_\_\_\_\_

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

ANSWER ALL QUESTIONS-IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE