



MUSIC Mobile Home Park Supplemental Application

- Baseball Fields # _____
- Basketball Courts # _____
- Boat Docks/Slips # _____
- Campgrounds
- Golf Course # _____
- Ice Skating Rink # _____
- Playgrounds # _____
- Racquetball # _____
- Saunas # _____
- Spas/Hot Tubs # _____
- Tennis Courts # _____
- Volleyball # _____
- Convenience Store # _____
- Gasoline Pumps # _____
- Propane Tanks Swap # _____
- Restaurants/Lounges # _____
- Bicycle Trails # _____
- Horse Trails # _____
- Streets/Roads # _____
- Club House (including exercise room) # _____
- Lakes (Dam Existence Hazard) # _____
- Recreational Parks # _____
- Boats # _____
- Recreational Rental Equipment (boats, jet-ski, snowmobiles, etc.) # _____
- Saddle Animals for Hire # _____
- Shooting Ranges # _____
- Security Guards # _____
- Swimming Pool # _____

Total Receipts: _____

Total Receipts: _____

Total Receipts: _____

Total Receipts: _____

Total Trail Mile(s): _____

Total Trail Mile(s): _____

Total Mile(s): _____

Total Square Ft.: _____

Total Acres: _____

Total Acres: _____

Year, Make & Model: _____

Year, Make & Model: _____

Describe: _____

Describe: _____

Armed or Unarmed: _____

Indoor &/or Outdoor? _____

- A y diving boards/platforms or slides? Yes No
- Diving board/slide height? _____ FT
- Any swimming rules posted? Yes No
- If an outdoor pool, is it fenced with a self-latching gate? Yes No
- Any swimming rules & regulations posted? Yes No
- Any safety equipment available (First Aid kit, Life preservers, etc.) on-site? Yes No
- Any certified lifeguard(s) on-duty at all times? Yes No
- Any Ski Lifts/Tows? Yes No



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- Any LPG sales &/or equipment maintenance? Yes No
- Any filling operations? Yes No
- Any waterworks &/or sewage treatment/disposal facilities? Yes No
- Is there above ground/underground storage tank? Yes No
- Any facility built on former landfill or dump site? Yes No
- Any wilderness or primitive camping available? Yes No

In the past 3 years has any company ever cancelled, non-renewed, declined or refused to issue similar insurance to you? Yes No

If yes, please describe. _____ Do you have a claim? Yes No

If yes, please describe. _____

Loss History

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claims Status (Open or Closed)

Prior Carrier Information

Year	Carrier	Premium

This questionnaire does not bind the Applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be part of the basis of the contract should a policy be issued. By signing you are hereby certifying that all information is accurate to the best of your knowledge.

Applicants Signature _____

Date _

Agents Signature _____

Date _