



**MOBILE HOME PARK  
PROGRAM APPLICATION**

1450 Hughes Rd., Suite 109  
Grapevine Texas 76051  
(817)424-5335 Fax (817)424-3772  
www.brechtassoc.com

Applicant's Name: \_\_\_\_\_ Proposed policy dates: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Business Location: \_\_\_\_\_  
Limits Requested: \_\_\_\_\_ Deductible Requested: \_\_\_\_\_  
How long in business under this name? \_\_\_\_\_ Years experience in this field: \_\_\_\_\_  
Number of permanent spaces: \_\_\_\_\_ Number of RV/campground spaces: \_\_\_\_\_  
Number of units rented out: \_\_\_\_\_ Percent seasonal: \_\_\_\_\_

Any of the following? Please describe all yes answers in detail below.

Baseball Fields	<input type="checkbox"/> YES <input type="checkbox"/> NO	Clubhouse	<input type="checkbox"/> YES <input type="checkbox"/> NO	Restaurants	<input type="checkbox"/> YES <input type="checkbox"/> NO
Basketball Courts	<input type="checkbox"/> YES <input type="checkbox"/> NO	Convenience Stores	<input type="checkbox"/> YES <input type="checkbox"/> NO	Saunas/Spas	<input type="checkbox"/> YES <input type="checkbox"/> NO
Racquetball Courts	<input type="checkbox"/> YES <input type="checkbox"/> NO	Dams / Reservoirs	<input type="checkbox"/> YES <input type="checkbox"/> NO	Security Guards	<input type="checkbox"/> YES <input type="checkbox"/> NO
Tennis/Volley Ball Courts	<input type="checkbox"/> YES <input type="checkbox"/> NO	Lakes	<input type="checkbox"/> YES <input type="checkbox"/> NO	Sewage Treatment Plants	<input type="checkbox"/> YES <input type="checkbox"/> NO
Bathing Beaches	<input type="checkbox"/> YES <input type="checkbox"/> NO	Lifeguards	<input type="checkbox"/> YES <input type="checkbox"/> NO	Special Events	<input type="checkbox"/> YES <input type="checkbox"/> NO
Bike/Horse Trails	<input type="checkbox"/> YES <input type="checkbox"/> NO	Parks	<input type="checkbox"/> YES <input type="checkbox"/> NO	Streets/Roads	<input type="checkbox"/> YES <input type="checkbox"/> NO
Boat Docks/Slips	<input type="checkbox"/> YES <input type="checkbox"/> NO	Playgrounds	<input type="checkbox"/> YES <input type="checkbox"/> NO	Waterworks	<input type="checkbox"/> YES <input type="checkbox"/> NO

Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SWIMMING POOL INFORMATION**

**CHECK HERE IF NOT APPLICABLE**

Number of pools: \_\_\_\_\_  
Are pools fenced from all units?  YES  NO  
If yes, what is height of fence? \_\_\_\_\_ Self-closing gate?  YES  NO  
Any structures within 10' of edge of pool?  YES  NO  
Is there a diving board or slide?  YES  NO  
If yes, what is height of board: \_\_\_\_\_ Depth markers?  YES  NO  
Shepard's hook / ring nearby?  YES  NO

**Prior Carrier Information**

Year	Carrier	Policy #	Limits	Premium	# of Claims	Total Paid*	Total Reserved*

\*Attach separate sheet with details

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

<b>Applicant's Signature:</b>	<b>Date:</b>
<b>Producer's Signature:</b>	<b>Agency:</b>
	<b>Date:</b>