

## Mobile Home Park

Our product is designed to protect mobile home park owners for general liability and certain property exposures specific to this industry segment.



### Eligible Risks:

- Up to 500 pads per location
- Parks with park-owned mobile homes rented to others
- Liability coverage for common space, including but not limited to playgrounds, pools, sports courts, and recreation centers
- Property coverage for park-owned facilities (i.e. laundry facilities, recreation centers, club houses, etc.)

### Ineligible Risks:

- RV parks (other than incidental to mobile home park)
- Campground exposures
- Parks with age restrictive covenants
- Park owners who are also mobile home dealers
- Parks with a golf course exposure

### Product Advantages:

- Low minimum premiums and no liability deductible
- Liability coverage limits up to \$2,000,000/\$4,000,000
- Rating based on number of pads
- Excess liability coverage available for up to \$5,000,000
- Hired and non-owned auto coverage in most states
- Outdoor property coverage (fences, trees, landscape)
- Enhanced property coverage available

### Business Resource Center Advantages:

- Tenant screening and background checks
- Human resource consulting services
- Marketing resources
- Payroll processing services
- Website tools and search engine optimization

### Claim Examples:

A tenant in a mobile home park was on a walk one evening when she tripped over a railroad tie on a pedestrian pathway along the park grounds. Her fall left her with immobilizing hip pain and stitches in her forehead. The head injury developed into a diagnosed "brain atrophy" increasing the medical payments significantly. A total of \$168,578 was paid out for this claim.

A mobile home park resident was returning to the park on his motorcycle. Upon entering the gated park, the security gate unexpectedly came down on his shoulder forcing him off of his motorcycle. This resulted in injury to his shoulder and his leg, requiring medical treatment. The claim totaled over \$68,000.

### Additional Advantages:

- Unsurpassed service with a sense of urgency and care
- Same day or next business morning claims acknowledgement
- Policyholders have access to many free and discounted services through our Business Resource Center that will assist in growing and protecting their business
- Carriers are members of the Berkshire Hathaway Company

Email submissions to [commercial@devonparkspecialty.com](mailto:commercial@devonparkspecialty.com)

*This document does not amend, extend or alter the coverage afforded by the policy. For a complete understanding of any insurance you purchase, you must first read your policy, declaration page and any endorsements and discuss them with your agent. A sample policy is available from your agent. Your actual policy conditions may be amended by endorsement or affected by state laws.*

## Mobile Home Park Supplemental Application

Complete in addition to Acord Applications and include four years of loss runs

NAME OF APPLICANT \_\_\_\_\_

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

### I. GENERAL INFORMATION

1. Name of park: \_\_\_\_\_
2. Address of Park: \_\_\_\_\_
3. What year was the park established? \_\_\_\_\_
4. Years in business under the above name: \_\_\_\_\_
  - a. How long has the applicant operated/owned the business? \_\_\_\_\_
5. When does applicant's park license expire? \_\_\_\_ / \_\_\_\_ / \_\_\_\_ ☐ N/A
  - a. Have there been any suspensions or violations within the past five years? ☐ Yes ☐ No
6. Does the applicant belong to any trade associations? ☐ Yes ☐ No
 

If "Yes," please list: \_\_\_\_\_
7. Please list the:
 

|   | Number of: | Sales from: |                              |
|---|------------|-------------|------------------------------|
| a. Permanent lots/spaces:   | _____      | \$ _____    | <input type="checkbox"/> N/A |
| b. Tourist spaces (RV and camping):                               | _____      | \$ _____    | <input type="checkbox"/> N/A |
| c. Permanent spaces containing your owned units rented to others: | _____      | \$ _____    | <input type="checkbox"/> N/A |
| d. Other (describe): _____  | _____      | \$ _____    | <input type="checkbox"/> N/A |
| e. Total number of spaces/pads:                                   | _____      | \$ _____    | <input type="checkbox"/> N/A |
8. Who is the park managed by? (check all that apply):
 

☐ On-site owner

☐ Off-site owner

☐ Independent management company

☐ Salaried on-site manager

☐ Salaried off-site manager

☐ Other: \_\_\_\_\_

*If "Independent Management Company," please see **Section VIII. Contractor/Subcontractor***
9. What hours is the manager on duty available to residents? \_\_\_\_\_
10. The manager keeps a log of (check all that apply): ☐ Inspections ☐ Complaints ☐ Repairs ☐ None
 

If "None," will a procedure be put in place to log all inspections, complaints and repairs? ☐ Yes ☐ No
11. Type of park: \_\_\_\_\_ % Retirement \_\_\_\_\_ % Adult \_\_\_\_\_ % Family \_\_\_\_\_ % Other
12. Occupancy rate: \_\_\_\_\_ %
13. What is the average monthly pad rent? \$ \_\_\_\_\_ Average monthly rent for mobile homes leased to others: \$ \_\_\_\_\_
14. How often are the rent increases? \_\_\_\_\_
15. Does the applicant perform criminal background checks on all potential mobile home owners? ☐ Yes ☐ No
16. Are lease agreements required for tenants with a minimum of six-month terms? ☐ Yes ☐ No
  - a. Percentage of tenants with signed leases \_\_\_\_\_ %
17. Has the lease agreement been reviewed by an attorney? ☐ Yes ☐ No
  - a. If "Yes," has the lease changed since the attorney reviewed? ☐ Yes ☐ No
18. Check all that apply to the lease: ☐ N/A
 

☐ Includes a Hold Harmless statement  
☐ Requires all tenants to provide proof of personal liability or homeowners insurance

- ☐ Has an arbitration or mediation agreement with residents (either as a separate agreement or incorporated in your lease or rental agreement)
- ☐ Provides written Park Rules to each tenant as part of a signed rental agreement
19. Are pets allowed? ☐ Yes ☐ No  
 If "Yes":  
 a. Are aggressive breeds allowed? ☐ Yes ☐ No  
 b. Are all pets required to be registered with the park management? ☐ Yes ☐ No  
 c. Has the applicant had any incidents involving any injury or damage caused by a pet within the past five years? ☐ Yes ☐ No  
 If "Yes," please describe: \_\_\_\_\_
20. Has the park been served with any "failure to maintain" type of complaints or claims within the past four years? ☐ Yes ☐ No  
 If "Yes," please describe: \_\_\_\_\_
21. Has the park been involved in litigation within the past four years? ☐ Yes ☐ No  
 If "Yes," please describe: \_\_\_\_\_  
 a. Does the threat of litigation currently exist? ☐ Yes ☐ No  
 If "Yes," please describe: \_\_\_\_\_
22. Does the applicant do any hook-ups of mobile homes? ☐ Yes ☐ No  
 If "Yes," select who is performing the work: ☐ Employees ☐ Subcontractors ☐ Park owner  
 If "Subcontractors," please see **Section VIII. Contractor/Subcontractor**
23. Was the mobile home park built on a landfill? ☐ Yes ☐ No
24. Are there any plans to convert the park to another use? ☐ Yes ☐ No  
 If "Yes," please describe: \_\_\_\_\_
25. Is there a water exposure on or contiguous to the mobile home park property such as a stream, river, lake or ocean? ☐ Yes ☐ No  
 If "Yes," please describe: \_\_\_\_\_  
 a. Does the park facilitate any swimming, docking, marine operations, or any other water recreational activity on the body of water? ☐ Yes ☐ No  
 If "Yes," please describe: \_\_\_\_\_  
 b. Are there no swimming signs posted on all bodies of water? ☐ Yes ☐ No

## II. PARK OWNED MOBILE HOMES LEASED TO OTHERS

26. Are all rental units properly secured (tied down) with skirts and proper wind barriers in place? ☐ Yes ☐ No
27. Is there any buying or selling of homes or operations as a dealer? ☐ Yes ☐ No
28. Prior to new tenant occupancies, park management (check all that apply): ☐ Inspects all units ☐ Rekeys all locks ☐ N/A
29. Who performs maintenance work on park owned mobile homes? ☐ Employees ☐ Subcontractors ☐ Park owner  
 If "Subcontractors," please see **Section VIII. Contractor/Subcontractor**
30. Year of construction of the oldest unit leased to others? \_\_\_\_\_
31. Is the plumbing, heating and electrical systems inspected by a qualified person on all rental units prior to new tenant occupancy? ☐ Yes ☐ No
32. Do any units rented to others have a wood-burning stove? ☐ Yes ☐ No
33. Percentage of leases to students: \_\_\_\_\_ %
34. All rental units have (check all that apply): ☐ N/A  
☐ Functioning and operational smoke detectors: ☐ Hard-wired ☐ Battery  
 If battery operated, please describe the battery replacement schedule in place \_\_\_\_\_ ☐ N/A  
☐ Functioning and operational carbon monoxide detection alarms (if required by the law or code of the municipality in which the building is located): ☐ Hard-wired ☐ Battery  
 If battery operated, please describe the battery replacement schedule in place \_\_\_\_\_ ☐ N/A  
☐ Functioning and operational fire extinguishers ☐ Yes ☐ No

### III. SAFETY/SECURITY

35. Park is (check all that apply):    ☐ Fenced    ☐ Gated    ☐ None
36. Streets are:    ☐ 100% paved    ☐ Partially paved    ☐ Not paved
37. Are all streets lit from sunset to sunrise? ☐ Yes    ☐ No
38. Does the park have security guards? ☐ Yes    ☐ No
- a. If "Yes," check all that apply:    ☐ Armed    ☐ Subcontracted    ☐ Employed by the park
39. Has any unit within the park been identified as used for methamphetamine manufacturing or storage? ☐ Yes    ☐ No
- a. If "Yes," has remediation and cleanup been completed? ☐ N/A    ☐ Yes    ☐ No
- b. Please describe the details on the discovery, condition, remediation and cleanup: \_\_\_\_\_
- 

### IV. OPERATIONS

40. Is the park involved in direct sales, distribution or filling of Liquefied Petroleum Gas (LPG, Propane)? ☐ Yes    ☐ No
41. What is the water source?    ☐ City    ☐ Well
- If "Well":
- a. Is water treated? ☐ Yes    ☐ No
- i. By whom and how often? \_\_\_\_\_
- b. Does the state test annually? ☐ Yes    ☐ No
- c. Any history of problems with the system in the past five years? (backup, etc.) ☐ Yes    ☐ No
42. Is there an on-site sewage treatment facility? ☐ Yes    ☐ No
43. Are the gas lines owned by the park? ☐ N/A    ☐ Yes    ☐ No
- If "Yes,":
- a. Are underground system maps available? ☐ Yes    ☐ No
- b. Is park in compliance with the Federal Pipeline Safety Act? ☐ Yes    ☐ No
44. How often is trash disposed of? \_\_\_\_\_
45. Who is responsible for outside ground maintenance of the permanent spaces not owned by applicant (e.g. snow removal, lawn care)?    ☐ Park management    ☐ Tenants    ☐ Subcontractors
- If "Subcontractors," please see **Section VIII. Contractor/Subcontractor**
46. Are sporting or social events sponsored? ☐ Yes    ☐ No
- If "Yes," please describe: \_\_\_\_\_
- 

### V. POOL    ☐ N/A

47. Number of pools: \_\_\_\_\_ Indoor    \_\_\_\_\_ Outdoor
48. Are any swimming pools open to the general public? ☐ Yes    ☐ No
- If "Yes," what are the rules regarding use of the pool by outside guests? \_\_\_\_\_
49. Characteristics of the pool(s) (check all that apply):
- ☐ Depths marked on both the top and sides of pool    ☐ Diving boards/Slide
- ☐ In compliance with all life- safety standards    ☐ Ladder equipped with handrails and non-skid materials on the treads
- ☐ Lifesaving equipment accessible    ☐ Fenced with self-closing gate and self-latching mechanism
50. Are warning signs, rules and hours posted in a visible area? ☐ Yes    ☐ No
51. Has the pool been retrofitted with an anti-cortex drain cover? ☐ Yes    ☐ No
52. What are the age restrictions for unsupervised children? \_\_\_\_\_
53. What are the pool hours? \_\_\_\_\_
54. Who maintains the pool(s)?    ☐ Applicant    ☐ Outside contractor/subcontractor
- If "Outside contractor/subcontractor," please see **Section VIII. Contractor/Subcontractor**

## VI. HIRED AND NON-OWNED AUTO LIABILITY ☐ N/A

55. Does the applicant have a commercial automobile policy in place? ☐ Yes ☐ No
56. Does the applicant own any autos or lease any autos in excess of 30 days? ☐ Yes ☐ No
57. Does the applicant offer access to a shuttle service for their tenants? ☐ Yes ☐ No
58. Do the applicant's employees regularly use their personal vehicles on behalf of applicant's business? ☐ Yes ☐ No

## VII. PARK AMENITIES ☐ N/A

59. Please check all that apply to the applicant's operations:

- ☐ Clubhouse ☐ Golf course ☐ Laundry facilities ☐ Playground ☐ Restaurant/Bar
- ☐ Recreational equipment rental (snowmobiles, ATVs, golf carts, boats, etc.) ☐ Other (describe): \_\_\_\_\_

## VIII. CONTRACTOR/SUBCONTRACTOR ☐ N/A

|  | There is a written contract in place for services                                     | Applicant is named as an additional insured on the contractor's policy                | Applicant requires contractor to carry minimum general liability limits of \$1 million | Certificate(s) of Insurance received annually from contractor                         |
|--|---|---|--|---|
| Independent Management Company (Question 8)<br><input type="checkbox"/> N/A          | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Mobile Home Hookup Contractor (Question 22)<br><input type="checkbox"/> N/A          | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Rental Mobile Home Maintenance Contractor (Question 28) <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Ground Maintenance Contractor (Question 44)<br><input type="checkbox"/> N/A          | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Pool Maintenance Contractor (Question 53) <input type="checkbox"/> N/A               | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Other: _____   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Other: _____   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |

## FRAUD STATEMENTS

**Alabama, Arkansas, District of Columbia, New Mexico, Rhode Island and West Virginia:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Colorado Fraud Statement:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**Florida Fraud Statement:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Kansas Fraud Statement:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Maine Fraud Statement:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits

**Maryland Fraud Statement:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**New Jersey Fraud Statement:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New York Fraud Statement:** 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.

**Ohio Fraud Statement:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Oklahoma Fraud Statement:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Oregon Fraud Statement:** Notice to Oregon applicants: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

**Kentucky and Pennsylvania Fraud Statement:** 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.

**Tennessee, Virginia and Washington Fraud Statement:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Fraud Statement (All Other States):** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

STATE NOTICES

**Arizona Notice:** Misrepresentations, omissions, concealment of facts and incorrect statements shall prevent recovery under the policy only if the misrepresentations, omissions, concealment of facts or incorrect statements are; fraudulent or material either to the acceptance of the risk, or to the hazard assumed by the insurer or the insurer in good faith would either not have issued the policy, or would not have issued a policy in as large an amount, or would not have provided coverage with respect to the hazard resulting in the loss, if the true facts had been made known to the insurer as required either by the application for the policy or otherwise.

**Florida Surplus Lines Notice:** (Applies only if policy is non-admitted) You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

**Florida and Illinois Punitive Damage Notice:** I understand that there is no coverage for punitive damages assessed directly against an insured under Florida and Illinois law. However, I also understand that punitive damages that are not assessed directly against an insured, also known as “vicariously assessed punitive damages”, are insurable under Florida and Illinois law. Therefore, if any Policy is issued to the Applicant as a result of this Application and such Policy provides coverage for punitive damages, I understand and acknowledge that the coverage for Claims brought in the State of Florida and Illinois is limited to “vicariously assessed punitive damages” and that there is no coverage for directly assessed punitive damages.

**Maine Notice:** The insurer is not permitted to withdraw any binder once issued, but a prospective notice of cancellation may be sent and coverage denied for fraud or material misrepresentation in obtaining coverage. A policy may not be unilaterally rescinded or voided.

**Ohio Representation Statement:** By acceptance of this policy, the Insured agrees the statements in the application (new or renewal) submitted to the company are true and correct. It is understood and agreed that, to the extent permitted by law, the Company reserves the right to rescind this policy, or any coverage provided herein, for material misrepresentations made by the Insured. It is understood and agreed that the statements made in the insurance applications are incorporated into, and shall form part of, this policy. **THE INSURED UNDERSTANDS AND AGREES THAT ANY MATERIAL MISREPRESENTATION OR OMISSION ON THIS APPLICATION WILL ACT TO RENDER ANY CONTRACT OF INSURANCE NULL AND WITHOUT EFFECT OR PROVIDE THE COMPANY THE RIGHT TO RESCIND IT.**

**Utah Punitive Damages Notice:** I understand that Punitive Damages are not insurable in the state of Utah. There will be no coverage afforded for Punitive Damages for any Claim brought in the State of Utah. Any coverage for Punitive Damages will only apply if a Claim is filed in a state which allows punitive or exemplary damages to be insurable. This may apply if a Claim is brought in another state by a subsidiary or additional location(s) of the Named Insured, outside the state of Utah, for which coverage is sought under the same policy.

If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.

Retail agency name: \_\_\_\_\_ License #: \_\_\_\_\_

Agent’s signature: \_\_\_\_\_ Main agency phone number: \_\_\_\_\_

(Required in New Hampshire)

Agency mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

The signer of this application acknowledges and understands that the information provided in this Application is material to the Insurer’s decision to provide the requested insurance and is relied on by the Insurer in providing such insurance. The signer of this application represents that the information provided in this Application is true and correct in all matters. The signer of this Application further represents that any changes in matters inquired about in this Application occurring prior to the effective date of coverage, which render the information provided herein untrue, incorrect or inaccurate in any way will be reported to the Insurer immediately in writing. The Insurer reserves the right to modify or withdraw any quote or binder issued if such changes are material to the insurability or premium charged, based on the Insurer’s underwriting guides. The Insurer is hereby authorized, but not required, to make any investigation and inquiry in connection with the information, statements and disclosures provided in this Application. The decision of the Insurer not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Insurer and shall not estop the Insurer from relying on any statement in this Application in the event the Policy is issued. It is agreed that this Application shall be the basis of the contract should a policy be issued and it will be attached and become a part of the Policy.

Applicant’s signature: \_\_\_\_\_ Title: \_\_\_\_\_

President, Chairperson of the Board, Managing Member, or Executive Director

Date: \_\_\_\_\_