

**Limited Project Review Condominium Questionnaire**- To be completed by HOA/MGMT Co.

Project Name: \_\_\_\_\_ Unit #: \_\_\_\_\_

Subject Property Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**SECTION 1: Project Completion/Ownership**

1. What is the total number of units in the entire project?	
2. What is the total number of units sold in the entire project?	
3. Is the project legally subject to any additional phasing or annexation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Are all phases complete including all units, facilities & common area and limited common elements?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Are Unit Owner's in control of the Home Owner's Association?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Are any owners multiple unit owners?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. If yes, provide a complete breakdown of all multiple unit owners AND number of units owned by each in the space below.	_____

**SECTION 2: Project Characteristics & Amenities**

8. Does the subject allow short term rentals?	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. If yes, Does the project have on-site registration/Check-in Desk, cleaning/maid and or master telephone service(s)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
10. Are there any manufactured housing, timeshare/segmented ownership or cooperative housing units in this project?	Yes <input type="checkbox"/> No <input type="checkbox"/>
11. What percentage of the total square footage of the project is used for non-residential or commercial purposes?	_____ %
12. Does the HOA own or operate any business located inside the project?	Yes <input type="checkbox"/> No <input type="checkbox"/>
13. If yes, Describe the business in detail:	_____
14. Is the project on leased land? If yes- please attach a copy of the executed lease agreement to this questionnaire.	Yes <input type="checkbox"/> No <input type="checkbox"/>
15. Do the unit owners have sole interest in & rights to the use of all recreational facilities, common areas & limited common elements?	Yes <input type="checkbox"/> No <input type="checkbox"/>

**SECTION 3: Legal / Financial Information**

16. Is the Association involved in any current or pending litigation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, describe in nature of the litigation below (Include the dollar amount being sort. If slip and fall litigation, has the insurance carrier been engage in representing the HOA? Please provide any available documentation regarding this litigation.	_____
17. Are unit owners subject to any special assessment for insurance premiums or other related HOA expenses?	Yes <input type="checkbox"/> No <input type="checkbox"/>
18. If yes, what is the approximate dollar amount allocated to each owner annually?	\$ _____

**SECTION 4: Insurance Information (PLEASE DO NOT ENTER "CONTACT AGENT")**

	Carrier or Agent Name	Carrier or Agent Phone Number	Policy #
Hazard			
Liability			
Fidelity			
Flood			
19. Does the master HAZARD/DWELLING policy cover the interior of the units (including walls, flooring cabinetry)?			Yes <input type="checkbox"/> No <input type="checkbox"/>
20. Does the master HAZARD/DWELLING policy cover BETTERMENTS & IMPROVEMENTS?			Yes <input type="checkbox"/> No <input type="checkbox"/>

**SECTION 5: Certification of Information. By signing below, you are certifying the above information is true and correct.**

NAME/SIGNATURE OF AUTHORIZED HOA REPRESENTATIVE: \_\_\_\_\_

DATE COMPLETED: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_