



Conventional Condo/ Co-op Questionnaire – Addendum

Project Name:	
Property Address:	
City, State, Zip:	
County/Borough:	HOA Tax ID#:

Section 1: General Project Information

1	Total # of Buildings in entire project	
2	Total # of Residential Units	

Section 2: Condo/otel Characteristics

3	Does the project contain any of the following?		
	3a. Hotel/motel/resort services (not limited to registration services, daily or short-term rentals, daily cleaning services, central telephone service or key systems, and restrictions on interior decorating?)	YES	NO
	3b. Professionally managed by a hotel or resort management company that also facilitates short term rentals for unit owners or projects with management companies that are licensed as a hotel, motel, resort, or hospitality entity?	YES	NO
	3c. Mandatory or voluntary rental pooling arrangements, or other restrictions on the unit owner's ability to occupy the unit?	YES	NO
	3d. Units that are less than 400 square feet, interior doors adjoining units, or mini kitchens?	YES	NO
	3e. Restrictions on year-round occupancy (blackout dates, timeshares, or segmented ownership)	YES	NO

Section 3: Legal

4	Is the HOA currently involved in any active or pending litigation, mediation, or arbitration?	YES	NO
	If YES, provide a litigation disclosure that describes a) the nature of the claim; b) if the insurance company is defending the claim; and c) the estimated amount of the claim.		

Section 4: Building Safety, Structural Integrity, Soundness, or Habitability

5	Other than a reserve study, has there been a building inspection by a professional or authority in the last 3 years?	YES	NO
	<i>Please provide a copy of the inspection report and HOA meeting minutes to document findings and action plan.</i>		
6	Is the HOA aware of any significant deferred maintenance or unsafe conditions?	YES	NO
	6a. What are the deficiencies?		
	6b. Are the deficiencies resolved?	YES	NO
	6c. If not resolved, what remains?		
7	Is the HOA currently aware of any outstanding building enforcement code issues or inspections? If YES, please provide notice from the authority.	YES	NO
	If any of the above is not answered, provide: 1. Inspection report completed in last 3 years; 2. Last 3 years HOA meeting minutes; 3. Current YTD Income & Expense Statement; 4. Year-End Statements for prior 2 years; 5. Current Balance Sheet; 6. Current Budget.		
8	Does the project have a preventative maintenance plan and schedule?	YES	NO
	8a. If YES, are reserves being adequately funded to support these?	YES	NO
9	Has the HOA had a reserve study completed on the project within the past 3 years?	YES	NO
	9a. If YES, is the HOA following the recommendations of the study?	YES	NO
10	Does the HOA maintain separate operating and reserve accounts?	YES	NO
12	What are total reserves budgeted for the current year?		



13	What is the current reserve account balance?					
14	Are there any current or upcoming special assessments against unit owners? If YES:			YES		NO
	14a. Total amount of the special assessments?					
	14b. Payment terms of special assessments?					
	14c. What are the special assessments for?					
	14d. How many unit owners are 60 days or more delinquent on special assessments?					
	14e. Are repairs completed?			YES		NO
	14f. If not completed, what repairs remain?					
<i>Please provide copies of the HOA meeting minutes</i>						
15	Has the HOA incurred any loans to finance repairs and improvements?			YES		NO
	15a. Amount borrowed?					
	15b. Repayment terms?					
	15c. What is the loan for?					
	15d. Are repairs completed?			YES		NO
	15e. If not completed, what repairs remain?					

Section 5: Master Insurance

16	Does the Master Policy cover (SELECT ONE):					
	Bare Walls	Walls-In to Original Plans and Specs	Walls-In including Betterments and Improvements			

Section 6: Master Insurance Contact Information

Type of Insurance	Carrier/Agent Name	Phone Number	Email Address
Hazard			
Liability			
Fidelity (20+ units only)			
Flood			
Builder's Risk (if applicable)			

Section 6: Management Company & Preparer Information

I, the undersigned, certify that to the best of my knowledge and belief, the information and statements contained on the form and the attachments are true and correct.

Company Name:

Address:

Preparer's Name:	Title:
Preparer's Signature:	Phone #:
Email Address:	Date Completed: