



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: Condotel 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?				
	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.	YES	NO		

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

5	To the best of your knowledge is the Management Company or HOA/Board aware of the project being subject to any of the following:				
	5a. Structural and/or mechanical inspection completed within the last 3 years? Excluding a reserve study. If YES, provide a copy of the inspection report(s).	YES	NO		
	5b. Partial or total evacuation order due to unsafe conditions that have not been remediated?	YES	NO		
	5c. Advanced physical deterioration or material deficiencies which, if left uncorrected, have the potential to result in or contribute to critical element or system failure within one year (e.g., sea wall, elevators, waterproofing, stairwells)?	YES	NO		
	5d. Mold, water intrusion or potentially damaging leaks to the project’s building(s) that have not been repaired?	YES	NO		
	5e. Failing to pass a state or other jurisdictional mandatory inspections and/or certifications specific to structural soundness, safety, and habitability?	YES	NO		
	5f. Having unfunded repairs costing more than \$10,000 per unit that should be undertaken within the next 12 months (does not include repairs made by the unit owner or repairs funded through a special assessment)?	YES	NO		
	<i>If any of the above is not answered or unknown, provide the last 3 years of HOA/ Board meeting minutes.</i>				
6	Does the project have a preventative maintenance plan and schedule?	YES	NO		



	6a. If YES, are reserves being adequately funded to support these?		YES		NO
7	Has the HOA had a reserve study completed on the project within the past 3 years?		YES		NO
	7a. If YES, is the HOA following the recommendations of the study?		YES		NO
8	Does the HOA maintain separate operating and reserve accounts?		YES		NO
9	What are total reserves budgeted for the current year?				
10	What is the current reserve account balance?				
11	Are there any current or upcoming special assessments against unit owners? If YES:		YES		NO
	11a. Total amount of the special assessments?				
	11b. Payment terms of special assessments?				
	11c. What are the special assessments for?				
	11d. How many unit owners are 60 days or more delinquent on special assessments?				
	11e. Are repairs completed?		YES		NO
	11f. If not completed, what repairs remain?				
<i>Please provide copies of the HOA meeting minutes</i>					
12	Has the HOA incurred any loans to finance repairs and improvements?		YES		NO
	12a. Amount borrowed?				
	12b. Repayment terms?				
	12c. What is the loan for?				
	12d. Are repairs completed?		YES		NO
	12e. If not completed, what repairs remain?				

Section 5: Master Insurance

13	Does the Master Policy cover (SELECT ONE) :				
	<input type="checkbox"/>	Bare Walls	<input type="checkbox"/>	Walls-In to Original Plans and Specs	<input type="checkbox"/>

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: _____