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## MANAGEMENT LIABILITY SUPPLEMENTAL QUESTIONNAIRE FOR ASSOCIATION RISKS

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1. Association Name: \_\_\_\_\_
2. Total number of existing units: \_\_\_\_\_  
Total number of units when construction is complete: \_\_\_\_\_  
Date final unit completed: \_\_\_\_\_
3. Does the association have retail occupancy?  Yes  No  
If "Yes", what percentage of the units are retail? \_\_\_\_\_ %  
Square footage of the largest retail establishment: \_\_\_\_\_
4. Percentage of total anticipated units sold: \_\_\_\_\_ %  
If the risk is a residential association, what is the average unit value? \_\_\_\_\_
5. Does the builder/developer or agent maintain representation on the board?  Yes  No  
If "Yes", has control of the board been turned over to the association?  Yes  No
6. What percentage of units are vacant? \_\_\_\_\_ %
7. Are any units rented or leased?  Yes  No  
If "Yes", what percentage of units are rented or leased? \_\_\_\_\_ %  
What percentage are short-term leases (less than one year contract)? \_\_\_\_\_ %  
What percentage are long-term leases (one year contract or more)? \_\_\_\_\_ %
8. Does the association own, maintain or have an affiliation with:  
a. A golf course or country club?  Yes  No  
If "Yes", does the golf course/country club have its own board or is it separately managed?  Yes  No  
b. An airport or airstrip?  Yes  No  
c. A water treatment facility?  Yes  No  
d. A sewage treatment facility?  Yes  No
9. Does any one person/entity own multiple units?  Yes  No  
If "Yes", what is the greatest percentage owned by one person/entity? \_\_\_\_\_ %

10. In the past 24 months:
- a. Has the association completed a foreclosure sale against an owner?  Yes  No
  - b. Have any board elections been challenged?  Yes  No
  - c. Has the board placed any liens against any unit/homeowner?  Yes  No

11. Has the board initiated litigation for reasons other than collection of dues or fees?  Yes  No

12. Within the past 5 years, have there been any countersuits as a result of liens or foreclosures?  Yes  No

If "Yes", please provide details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

This questionnaire must be signed by the president, chief executive officer, chief operating officer, chief financial officer or in-house general counsel of the **Parent Organization** acting as the authorized representative of the person(s) and entity(ies) thereof.

Date

\_\_\_\_\_

Signature

\_\_\_\_\_

\_\_\_\_\_  
 Name (please print)

Title

\_\_\_\_\_