

Roush Insurance Services, Inc.

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- Deerfield Insurance Company
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MANAGEMENT LIABILITY SUPPLEMENTAL QUESTIONNAIRE FOR ASSOCIATION RISKS

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 _____
Agency _____		Phone _____
Address _____		Fax _____
City _____		State _____ Zip _____