

CONDOMINIUM PROJECT QUESTIONNAIRE—FULL FORM

Fannie Mae Form 1076/Freddie Mac Form 476

(Lender: Please complete this section.)

Lender Name		Lender Phone Number	
Contact Name		Lender Fax Number	
Lender Address		Lender Email Address	

I: Basic Project Information

1	Project Legal Name	Manchester Place Association
2	Project Physical Address	15504 E. Wyoming Dr., Aurora CO 80017
3	HOA Management Address	921 S. Dearborn Way, Aurora CO 80012
4	HOA Name (if different from Project Legal Name)	
5	HOA Tax ID #	84-01262245
6	HOA Management Company Tax ID #	
7	Name of Master or Umbrella Association (if applicable)	
8	Does the project contain any of the following (check all that apply):	
a	<input type="checkbox"/>	Hotel/motel/resort activities, mandatory or voluntary rental- pooling arrangements, or other restrictions on the unit owner's ability to occupy the unit
b	<input type="checkbox"/>	Deed or resale restrictions
c	<input type="checkbox"/>	Manufactured homes
d	<input type="checkbox"/>	Mandatory fee-based memberships for use of project amenities or services
e	<input type="checkbox"/>	Non-incidental income from business operations
f	<input type="checkbox"/>	Supportive or continuing care for seniors or for residents with disabilities

II: Project Completion Information

1. Is the project 100% complete, including all construction or renovation of units, common elements, and shared amenities for all project phases? Yes If No, complete the table below:

		Yes	No
a	Is the project subject to additional phasing or annexation?		X
b	Is the project legally phased?	<input type="checkbox"/>	<input type="checkbox"/>
c	How many phases have been completed?		
d	How many total phases are legally planned for the project?		
e	How many total units are planned for the project?		
f	Are all planned amenities and common facilities fully complete?	<input type="checkbox"/>	<input type="checkbox"/>

2. Has the developer transferred control of the HOA to the unit owners? Yes, Dec., 1992

III: Newly Converted or Rehabilitated Project Information

1. Is the project a conversion within the past 3 years of an existing structure that was used as an apartment, hotel/resort, retail or professional business, industrial or for other non-residential use? No:

		Yes	No
a	In what year was the property built? _____		
b	In what year was the property converted? _____		
c	Was the conversion a full gut rehabilitation of the existing structure(s), including replacement of all major mechanical components?	<input type="checkbox"/>	<input type="checkbox"/>
d	Does the report from the licensed engineer indicate that the project is structurally sound, and that the condition and remaining useful life of the project's major components are sufficient?	<input type="checkbox"/>	<input type="checkbox"/>
e	Are all repairs affecting safety, soundness, and structural integrity complete?	<input type="checkbox"/>	<input type="checkbox"/>
f	Are replacement reserves allocated for all capital improvements?	<input type="checkbox"/>	<input type="checkbox"/>
g	Are the project's reserves sufficient to fund the improvements?	<input type="checkbox"/>	<input type="checkbox"/>

1. How many unit owners are 60 or more days delinquent on common expense assessments? 6

2. In the event a lender acquires a unit due to foreclosure or a deed-in-lieu of foreclosure, is the mortgagee responsible for paying delinquent common expense assessments? Yes, 6 months

3. Is the HOA involved in any active or pending litigation? No

If Yes, attach documentation regarding the litigation from the attorney or the HOA. Provide the attorney's name and contact information:

Name:

Phone:

V: Ownership & Other Information

1. Complete the following information concerning ownership of units:

	Entire Project	Subject Legal Phase (in which the unit is located) If Applicable
Total number of units	40	
Total number of units sold and closed	40	
Total number of units under bona-fide sales contracts		
Total number of units sold and closed or under contract to owner-occupants	25	
Total number of units sold and closed or under contract to second home owners		
Total number of units sold and closed or under contract to investor owners	15	
Total number of units being rented by developer, sponsor, or converter		
Total number of units owned by the HOA		

2. No individual or entity owns more than 10% of the units.

Individual / Entity Name	Developer or Sponsor (Yes or No)	Number of Units Owned	Percentage Owned of Total Project Units	Number Leased at Market Rent	Number Leased under Rent Control
	<input type="checkbox"/> Yes <input type="checkbox"/> No		%		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		%		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		%		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		%		

3. Do the unit owners have sole ownership interest in and the right to use the project amenities and common areas?

Yes

If No, explain who has ownership interest in and rights to use the project amenities and common areas:

4. Are any units in the project used for commercial or non-residential purposes? No

If Yes, complete the following table:

Type of Commercial or Non-Residential Use	Name of Owner or Tenant	Number of Units	Square Footage	% Square Footage of Total Project Square Footage
				%
				%
				%
				%

5. What is the total square footage of commercial space in the building that is separate from the residential HOA? Include above and below grade space used for commercial purposes, such as public parking facilities, retail space, apartments, commercial offices, and so on.

Are units or common elements located in a flood zone? No
If Yes, flood coverage is in force equaling (***select only one option below***):

- ☐ 100% replacement cost maximum coverage per condominium available under the National
☐ Flood Insurance Program some other amount (*enter amount here*) \$ _____

1. Check all of the following that apply regarding HOA financial accounts:

- ☒ HOA maintains separate accounts for operating and reserve funds.
☒ Appropriate access controls are in place for each account.
☒ The bank sends copies of monthly bank statements directly to the HOA.
☒ Two members of the HOA Board of Directors are required to sign any check written on the reserve account.
☒ The Management Company maintains separate records and bank accounts for each HOA that uses its services.
☒ The Management Company does not have the authority to draw checks on, or transfer funds from, the reserve account of the HOA.

2. For insurance information, see attached ACORD Certificate.

VII: Contact Information

Name of Preparer	Mitchell Powell
Title of Preparer	Managing Agent
Preparer's Company Name	
Preparer's Phone	303-337-5811
Preparer's Email	mitchellpowell@comcast.net
Preparer's Company Address	921 S. Dearborn Way Aurora CO 80012
Date Completed	(Insert current date.)



MANCPLA-01

BROOKES

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/18/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
CCIG
5660 Greenwood Plaza Blvd.
Suite 500
Greenwood Village, CO 80111

CONTACT NAME: HOA Cert Team
PHONE (A/C, No, Ext): (303) 799-0110 FAX (A/C, No): (303) 799-0156
E-MAIL ADDRESS: certificate@thinkccig.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Scottsdale Insurance Company	
INSURER B: Rockhill Insurance Company	28053
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
Manchester Place HOA
c/o Mitch Powell
921 S Dearborn Way
Aurora, CO 80012

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADD'L SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		CPS2713478	06/29/2017	06/29/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
	OTHER:					
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY		CPS2713478	06/29/2017	06/29/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					EACH OCCURRENCE \$ AGGREGATE \$
	DED RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Property-DED* 10,000		GEP10424-17	06/29/2017	06/29/2018	Blkt Bldg 7,444,648
B	Special / 100% RC		GEP10424-17	06/29/2017	06/29/2018	8 BLDGS / 40 UNITS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: 15504, 15554, 15564, 15574 and 15594 E Wyoming Drive; 1379, 1389 and 1399 S Idalia Street Aurora CO 80017

CONTINUED ON REVERSE

CERTIFICATE HOLDER

CANCELLATION

Proof of Coverage

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY CCIG		NAMED INSURED Manchester Place HOA c/o Mitch Powell 921 S Dearborn Way Aurora, CO 80012	
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Additional Coverage

Policy GEP10424-17 includes:

*Wind/Hail Deductible with minimum of \$25,000

Ordinance or Law

General Liability includes Separation of Insureds clause

COVERAGE: Directors & Officers

INSURER: Travelers Casualty and Surety Company of America

POLICY #: 105938700 Claims Made Prior & Pending Proceeding Date 06/06/03

EFFECTIVE: 06/29/17 - 06/29/18

LIMIT: \$1,000,000 / \$1,000 SIR

COVERAGE: Crime/Employee Dishonesty/Fidelity (Includes Manager)

INSURER: Great American Insurance Company

POLICY #: 392567403070

EFFECTIVE: 06/29/17 - 06/29/18

LIMIT: \$50,000 / DEDUCTIBLE: \$1,000

Association Declarations Include the Following:

Page 16, Section 9.12. states: "Each Owner may obtain physical damage and liability insurance...covering the Owner's Lot and improvements, personal property and personal liability"

MANCHESTER PLACE HOA, INC.
2018 Budget

11/21/17

	Jan - Dec 18
Income	
HOMEOWNER FEES	117,600.00
Total Income	117,600.00
Expense	
RESERVE ACCOUNT	14,100.00
Insurance	34,000.00
Management	10,800.00
Communications	360.00
Legal	300.00
Gas and Electric	1,800.00
Water & Sewer	36,000.00
Trash	4,200.00
Building Maint. / Lights	1,320.00
Garage / Drive Maint.	900.00
Grounds Contract	8,300.00
Grounds Maint & Supplies	2,520.00
Snow Services	3,000.00
Total Expense	117,600.00
Net Income	0.00