



Homeowners
Association
Insurance Managers

5700 Granite Parkway • Ste. 500 • Plano, TX 75024
Phone: 972-335-1047 • Fax: 214-423-3350

HOMEOWNERS ASSOCIATION QUESTIONNAIRE

Named Insured: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Effective Date: _____ **Expiration Date:** _____

Contact Name: _____ **Telephone #:** _____

Management Company Name: _____

Mailing Address: _____

Address of Premises (street, city, zip code): _____

Federal Employers Identification Number (FEIN): _____

Total number of lots at build-out (improved & unimproved) _____ **Completed Number of Homes:** _____

Year property was built: _____ **Date completed:** _____

Please list any Additional Insureds: _____

General Information:

Does your HOA comply with all City and State ordinances?
(i.e. pools, playground equipment, postings/safety equipment, fire extinguishers, etc)? Yes No
Is it a Gated Community? Yes No
Any water work/sewage treatment/disposal facilities? Yes No

Security Not Applicable – Insured does not have security guards
Any security guards on premises? Yes No
If yes, are they armed? Yes No
If yes, how many? _____

Roads Not Applicable – Insured not responsible for any roads
Association maintained roads? Yes No
Road Maintenance Agreement with the City? Yes No
Number of miles: _____

