

## CONDOMINIUM PROJECT QUESTIONNAIRE—FULL FORM

(Fannie Mae Form 1076/Freddie Mac Form 476)

(Lender: Please complete this section.)

<b>Lender Name</b>		<b>Lender Phone Number</b>	
<b>Contact Name</b>		<b>Lender Fax Number</b>	
<b>Lender Address</b>		<b>Lender Email Address</b>	

### I: Basic Project Information

1	Project Legal Name	Sable Cove Condominium Association
2	Project Physical Address	921 S. Dearborn Way, Aurora CO 80012
3	HOA Management Address	921 S. Dearborn Way, Aurora CO 80012
4	HOA Name (if different from Project Legal Name)	
5	HOA Tax ID #	84-090978
6	HOA Management Company Tax ID #	
7	Name of Master or Umbrella Association (if applicable)	N/A
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

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?		
b	Is the project legally phased?		
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?		

1. Has the developer transferred control of the HOA to the unit owners?    Yes, Sept., 1986

## 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      If Yes, complete the table below:

		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? 12

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	340	
Total number of units sold and closed	340	
Total number of units under bona-fide sales contracts		
Total number of units sold and closed or under contract to owner-occupants	182	
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	158	
Total number of units being rented by developer, sponsor, or converter		
Total number of units owned by the HOA		

2. No entity or person 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		%		

1. 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:

2. 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
				%
				%
				%
				%

3. 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.

Total square footage of commercial space

#### VI: Insurance Information & Financial Controls

1. 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*) \$\_\_\_\_\_

2. 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.

1. Supply the information requested below. Do NOT enter "contact agent." See attached ACORD certificate.

Type of Insurance	Carrier/Agent Name	Carrier/Agent Phone Number	Policy Number
Hazard			
Liability			
Fidelity			
Flood			

## 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	
Date Completed	(insert current date)



SABLCOV-01

DAWNG

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/20/2017

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).

<b>PRODUCER</b> CCIG 5660 Greenwood Plaza Blvd. Suite 500 Greenwood Village, CO 80111		<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> (303) 799-0110 <b>E-MAIL ADDRESS:</b> Certificate@thinkccig.com <b>FAX (A/C, No):</b> (303) 799-0156		
<b>INSURED</b>  Sable Cove Condominium Assn c/o Mitch Powell 921 S. Dearborn Way Aurora, CO 80012		<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
		<b>INSURER A:</b> National Surety Corporation		21881
		<b>INSURER B:</b>		
		<b>INSURER C:</b>		
		<b>INSURER D:</b>		
		<b>INSURER E:</b>		
<b>INSURER F:</b>				

## 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	ADDL INSD	SUBR 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  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			MZX80980027	10/01/2017	10/01/2018	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
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			MZX80980027	10/01/2017	10/01/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.I. EACH ACCIDENT \$ E.I. DISEASE - EA EMPLOYEE \$ E.I. DISEASE - POLICY LIMIT \$
A	Property-DED* 2,500			MZX80980027	10/01/2017	10/01/2018	Bldg Bldg 33,715,070
A	Special / 100% RC			MZX80980027	10/01/2017	10/01/2018	17 BLDGS / 340 UNITS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
909, 910, 919, 920, 960, 970, 980, 921 S. Dawson Way; 912, 922, 932, 942, 962, 972, 982, 992 S. Dearborn Way; 14581, 14561 E. Ford Place, Aurora, CO 80012

\*\*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

AGENCY <b>CCIG</b>		NAMED INSURED Sable Cove Condominium Assn c/o Mitch Powell 921 S. Dearborn Way Aurora, CO 80012	
POLICY NUMBER <b>SEE PAGE 1</b>			
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 1</b>	EFFECTIVE DATE: <b>SEE PAGE 1</b>	

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

## Additional Coverage

National Surety Corporation Policy #MZXR0980027 includes:

\*2% Wind/Hail Deductible

Ordinance or Law: Cov A Included; Cov B &amp; C \$200,000

Equipment Breakdown (Boiler &amp; Machinery) included

General Liability includes Separation of Insureds clause

COVERAGE: Umbrella

INSURER: Great American Insurance Companies

POLICY #: UM1744099 Claims Made Prior &amp; Pending proceeding date 10/01/02

EFFECTIVE: 10/01/17 - 10/01/18

LIMIT: \$10,000,000 / none

COVERAGE: Excess Liability

INSURER: Ironshore Indemnity Inc

POLICY #: 003148500

EFFECTIVE: 10/01/17 - 10/01/18

LIMIT: \$5,000,000 / X of \$10,000,000

COVERAGE: Directors &amp; Officers

INSURER: Travelers Casualty and Surety Insurance Company

POLICY #: 105997269 Claims Made Prior &amp; Pending proceeding date 10/01/02

EFFECTIVE: 10/01/17 - 10/01/18

LIMIT: \$1,000,000 / \$10,000 SIR

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

INSURER: Great American Insurance Company

POLICY #: 39256740335802

EFFECTIVE: 10/01/17 - 10/01/18

LIMIT: \$900,000 / \$5,000 Deductible

This coverage applies only to the named insured shown on the certificate and does not apply to any other property, business or association.

The Association's Declarations includes:

If there were a covered property loss at Sable Cove, the master association's policy would rebuild the basic structure. Page 17, Section 8.2 defines the insurance responsibility for the owner; specifically "Insurance coverage on furnishings, including carpet, draperies, oven, range, refrigerator, wallpaper and other items of personally, or other property belonging to an Owner, and public liability coverage within each Condominium Unit, shall be the sole and direct responsibility of the Owner(s) thereof...." In a coverage claim we will rebuild to original specifications minus carpeting, draperies, appliances and improvements made since original construction.

5:36 PM

09/14/17

Accrual Basis

**Sable Cove Condominiums**  
**Profit & Loss Budget Overview**  
 August 2017 through July 2018

	Aug '17 - Jul 18
<b>Income</b>	
5000 ASSESSMENT INCOME	816,000.00
5020 LATE FEE REVENUE	1,200.00
5032 RESERVE INTEREST INCOME	240.00
5050 RENTAL INCOME	84,000.00
<b>Total Income</b>	<b>901,440.00</b>
<b>Gross Profit</b>	<b>901,440.00</b>
<b>Expense</b>	
7100 COMMUNICATION & OPERATION	13,200.00
7105 EDUCATION & DUES EXPENSE	1,200.00
7110 BANK CHARGES EXPENSE	1,200.00
7115 Management Wages	56,160.00
7120 BAD DEBT EXPENSE	6,000.00
7130 AUDITING EXPENSE	3,000.00
7140 LEGAL FEES EXPENSE	6,000.00
7150 DEPRECIATION EXPENSE	24,000.00
7210 TRASH REMOVAL EXPENSE	16,000.00
7220 WATER & SEWER EXPENSE	240,000.00
7230 GAS & ELECTRIC EXPENSE	13,200.00
7300 BUILDING MAINTENANCE	22,500.00
7301 Bldg Maint. Wages	22,500.00
7310 PAINTING EXPENSE	6,000.00
7311 Painting Wages	1,200.00
7320 FIRE & SPRINKLER	2,400.00
7400 GROUNDS MAINTENANCE	18,000.00
7401 Grounds Maint. Wages	42,000.00
7402 Snow Clearing	18,000.00
7403 Snow Clearing Wages	14,400.00
7410 MAINTENANCE CONTRACT	18,000.00
7420 PARKING LOT REPAIRS	1,200.00
7421 Parking Lot Maint. Wages	600.00
7430 EXTERIOR LIGHTING EXPENSE	2,400.00
7431 Exterior Lighting Wages	2,400.00
7440 LANDSCAPE IMPROVEMENT EXP	2,400.00
7441 Landscape Improvemt Wages	1,200.00
7450 POOL CHEMICALS EXPENSE	1,200.00
7451 POOL REPAIR & SUPPLY EXP	1,800.00
7452 Pool Wages	2,400.00
7500 INSURANCE EXPENSE	120,000.00
7700 RESERVES EXPENSE	124,880.00
7810 RENTAL PROPERTY ASS EXP	36,000.00
7820 RENTAL PROPERTY MNTC EXP	3,600.00
7821 Rental Property Wages	3,600.00
7830 RENTAL PROP IMPRVMT EXP	4,800.00
7850 RENTAL PROP PROP TAXES EXP	6,000.00
6560 Payroll Expenses	42,000.00
<b>Total Expense</b>	<b>901,440.00</b>
<b>Net Income</b>	<b>0.00</b>