

9. **Fiscal Responsibility**

Checking account number: _____

Savings account number: _____

CD / Investment account number: _____

List bank name(s): _____

Branch location where bank accounts were opened: _____

Will the management company be authorized to sign checks? Yes No

Is there online banking? _____

10. **Accounting/Legal**

List name of CPA: _____

List name of CPA Firm: _____

List phone number of CPA: _____

List name of Association Attorney: _____

List name of Law Firm: _____

List phone number of Attorney: _____

11. **Insurance**

List name of Insurance Agency: _____

List name of Insurance Agent: _____

List phone number of Insurance Agency: _____

List name of Insurance Coverage Provider: _____

List policy number(s): _____

12. **Maintenance**

How often would you like site inspections to be performed? _____

Is there a preventive maintenance plan in place? Yes No

Are there any ongoing problems related to the common area? Yes No

List problem areas: _____

13. **Employees**

What is the number of ON-SITE employees?

Full-time? _____

Part-time? _____

None? _____

Does the Association carry workers' compensation insurance for employees? Yes No

14. **Comments**

What is the anticipated transition date? _____

How did you hear about us? _____

Could you provide suggestions that would help us with our job performance in pleasing the association?

THIS QUESTIONNAIRE WAS COMPLETED BY _____ ON
_____, 20____.