

## **Supplemental Questions**

Policy Number: Name Insured: Effective Date:

Dear Agent,		
We have updated our Directors & Officers Liability rating strategy and as such require addinformation in regards to this insured to ensure proper rating. Please complete the below:	itional	
1. Please indicate the number of Volunteers, including the association's Board Members:		_
Are any renovation or improvement projects in progress or are being contemplated in the next 12 months?	Yes 🗌	No [
If yes:  a. Is the total value of these projects greater than \$100,000?  b. Are these projects fully funded or have the proper amount of reserves been set aside?	Yes  Yes	No 🗆
3. Indicate the percentage of units in arrears over 90 days:      Between 10% and 20%  Greater than 20%		
4. Are there any commercial units?	Yes 🗌	No 🗆
If yes, are any of the units bars or restaurants?	Yes 🗌	No 🗌
5. What is the average value of the units/lots?  Less than \$1,000,000	r greater	
When completed, please forward this form directly to your Underwriter.		
Thank you for your business. Kevin Davis Insurance Services		