



**SUPERIOR**

**Association Management, LLC**

*Providing Superior service to our communities – one homeowner at a time*

**BID QUESTIONNAIRE**

Legal Name of Community: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Board President: \_\_\_\_\_, Phone #: \_\_\_\_\_

Board Sec.: \_\_\_\_\_, Phone #: \_\_\_\_\_

Community Type: Single-Family \_\_\_\_\_, TownHome \_\_\_\_\_, Condo \_\_\_\_\_

Total Lots / Units: \_\_\_\_\_, Year Built: \_\_\_\_\_

Any Homes remaining to be built; if yes, how many \_\_\_\_\_ and who is builder:  
\_\_\_\_\_

Any homes / units as rentals; if yes, how many \_\_\_\_\_

Any amenities; if yes, describe: \_\_\_\_\_  
\_\_\_\_\_

Describe Entry Monument / Feature: \_\_\_\_\_

Provide general description of property / grounds: \_\_\_\_\_  
\_\_\_\_\_

Any outstanding maintenance issues: \_\_\_\_\_  
\_\_\_\_\_

Any planned improvements, if yes, describe:  
\_\_\_\_\_  
\_\_\_\_\_

Current landscape contractor: \_\_\_\_\_

Other: \_\_\_\_\_  
\_\_\_\_\_

Name of Insurer: \_\_\_\_\_

Name of association attorney: \_\_\_\_\_

Any outstanding litigation; if yes, describe: \_\_\_\_\_  
\_\_\_\_\_

Current assessment / dues: \$ \_\_\_\_\_, Paid: Mo. \_\_\_\_, Qtr. \_\_\_\_, Semi-Ann. \_\_\_\_, Ann. \_\_\_\_

Delinquencies; if yes, number homes delinquent: \_\_\_\_\_, total amt: \$ \_\_\_\_\_

Are reserves being adequately funded: Y \_\_\_\_ N \_\_\_\_, Has Reserve study been

Completed; if so, when: \_\_\_\_\_ and by whom: \_\_\_\_\_

Any outstanding violations of CC&R's; if yes, describe: \_\_\_\_\_

\_\_\_\_\_

If yes, what action is currently being undertaken to resolve: \_\_\_\_\_

\_\_\_\_\_

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Community Newsletter; if yes, how often published: \_\_\_\_\_

Directory: Y \_\_\_\_ N \_\_\_\_, if no, would you like one prepared: Y \_\_\_\_ N \_\_\_\_

# of board members: \_\_\_\_\_, frequency of board meetings: \_\_\_\_\_, where are board meetings held: \_\_\_\_\_, # of committees: \_\_\_\_\_

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Current Management Company: \_\_\_\_\_

Describe why you are looking to change management: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about Superior Association Management: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date Completed: \_\_\_\_\_, By \_\_\_\_\_  
(signature)

Board Position: \_\_\_\_\_, Print Name: \_\_\_\_\_

Return to:

**John T. Holloway**  
President / CEO  
**Superior Association Management, LLC**  
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