



**SPECIALTY PROPERTY
APARTMENT/CONDOMINIUM SUPPLEMENT**

I. GENERAL INFORMATION

Eff Date ___/___/___ Inspection Contact _____ Phone (____) _____

Name _____

Location Address: _____ State _____ Zip _____

Type Of Property (check one):

Business Structure (check one):

Property Mgmt. Experience:

- Apartments
- Condominiums
- Multi Family Dwelling(s)
- Single Family Dwelling(s)
- Other / Mixed Use

- Owners Assoc.
- Corporation
- Partnership
- Sole Proprietor
- Estate or Trust
- Other

- ❖ Years of Property Mgmt. Experience: _____
- ❖ Years as Managing This Location: _____

- CONSTRUCTION**
- Frame / Brick Veneer
 - Joisted Masonry
 - Non Combustible
 - Masonry Non Comb
 - Modified Fire Res
 - Fire Resistive
 - Mixed (describe)

Values Bldg \$ _____ BPP \$ _____ BI/EE \$ _____

- ❖ Year built..... _____
- ❖ Any Polybutylene Plumbing?..... _____
- ❖ Any precautions against ice damming?.... _____
- ❖ Type of Wiring (copper/aluminum/other): _____
- ❖ Type of Roof: _____
- ❖ Square footage: _____ sq. ft.
- ❖ Number of buildings at location: _____ buildings
- ❖ Number of units: _____ units
- ❖ Minimum distance between structures: _____ feet
- ❖ Is BBQ/Cooking permitted on balconies.... _____ yes/no
- ❖ Number of stories: _____ stories
- ❖ Range of rents per unit: ...\$ _____ to \$ _____ monthly
- ❖ % of units held for rent: _____ and _____ occupancy %
- ❖ % student housing: _____ %
- ❖ % subsidized or HUD housing: _____ %
- ❖ % senior housing: _____ %
- ❖ % owner occupied: _____ %

- PROTECTION**
- Smoke Alarms
 - Hardwired
 - Battery
 - Sprinkler System
 - 100% Sprinklered
 - Partial system
 - Fire Alarm System
 - Central Station
 - Local Alarm
 - Pull Stations
 - Fire Extinguishers
 - Standpipes
 - Gated Community
 - Watchman/Guard
- Prot. Class _____
- Distance to Fire Dept. _____ miles
- Paid Volunteer

| Updates | Year | Complete Renovation or Partial? | |
|-----------------------------------|-------|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Wiring | _____ | <input type="checkbox"/> Complete | <input type="checkbox"/> Partial |
| <input type="checkbox"/> Roofing | _____ | <input type="checkbox"/> Complete | <input type="checkbox"/> Partial |
| <input type="checkbox"/> Plumbing | _____ | <input type="checkbox"/> Complete | <input type="checkbox"/> Partial |
| <input type="checkbox"/> HVAC | _____ | <input type="checkbox"/> Complete | <input type="checkbox"/> Partial |
| <input type="checkbox"/> Other | _____ | _____ | |

Have there ever been any prior water damage or mold related incidents? TM Yes, or TM No

Details (attach separate sheet if additional space needed): _____
