



**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? ä Yes, or ä No  
 Details (attach separate sheet if additional space needed): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_