



(All sections must be fully completed)

Name _____ Management Firm: _____

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

Type of Property (check one):

- Condominium
- Homeowner's Assoc.
- Apartment

Roofing Materials

- Poured Concrete
- Composition
- Metal Decking
- Slate
- Clay/Concrete Tile
- Tar & Gravel
- Wood Shingle/Shake
- Bitumen
- Foam
- Other (Describe): _____

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
- Town Class: _____
 Miles to Fire Dept. _____
- Paid Volunteer
- No. of Hydrants _____

Construction Type / Estimated Percent:

- Frame/ Brick Veneer _____ %
- Joisted Masonry _____ %
- Non Combustible _____ %
- Masonry Non Combustible _____ %
- Modified Fire Resistive _____ %
- Fire Resistive _____ %

Roof Type (See Reverse):

- Mansard Gable
- Flat Hip
- Salt Box A-frame
- Gambrel Shed
- Other: _____

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

Description Urban? Suburban? Rural? HUD/Subsidized?
 Check all that apply Resort Seasonal Timeshare Retirement?

- ❖ Year built..... _____
- ❖ Type of Wiring (copper/aluminum/other): _____
- ❖ Heating Source (forced air/ boiler/other): _____
- ❖ BBQ grills restricted to common areas? _____
- ❖ Square footage: _____ sq. ft.
- ❖ Number of buildings at location: _____ buildings
- ❖ Number of units: _____ units
- ❖ Minimum distance between structures: _____ feet
- ❖ Number of stories: _____ stories
- ❖ Range of rents per unit: ...\$ _____ to \$ _____ monthly
- ❖ Minimum lease or rental period..... _____
- ❖ Open air parking facilities or enclosed _____
- ❖ Will water be shut off in vacant units?..... _____
- ❖ % Units owner occupied? _____% Rental? _____ %
- ❖ % Student housing: _____ %
- ❖ % Subsidized or HUD housing: _____ %
- ❖ % Senior housing: _____ %
- ❖ % Average annual occupancy rate? _____ %

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	_____		

Coastal Is there a formal written catastrophe plan in place? Yes No

Designated Flood area? Yes No Distance to salt water _____ miles

Designated Wind Pool? Yes No On the Intracoastal? Yes No

Seaward of Intracoastal? Yes No High Impact Glass? Yes No

Hurricane Shutters? Yes No Roof Straps/Anchors? Yes No

Additional Attachments: Hard Copy Loss Runs* Plot Plan/Diagram* Most Recent Appraisal* Photos

*Signature _____ Date _____

*Required



ROOF TYPES

Please select the roof type that best describes your property and check the appropriate indicator on page 1

Gable:		Cross Gable:	
Hip:	<p style="text-align: center;"><i>Pavilion Pyramidal</i></p>	Dutch Hip:	
Flat:		A-frame:	
Shed:		Salt Box:	
Mansard:		Gambrel:	

Describe any roof mounted equipment: _____

Overall Condition of Roof: Good Fair Poor (in need of repair)

Comments: _____

