PROFESSIONAL PROPERTY MANAGEMENT QUESTIONNAIRE

Property Type:			Location #:		
Ownership Entity:					
City:	State:	Zip:	Phone:		
			Fax #:		
Property Name:					
Location Address:					
City:	State:		Zip:		
Building \$:					
Gross Potential Annual Rents \$:				Escalator #:	
Number of Units:	Number of Storie	es	Number of	Buildings:	
Year Built:	Year Updated:		Square Foo	tage:	
Percent Occupied:					
Roof: Composition	Built-Up	Tile	Oth	ner:	
Wiring: Copper	Aluminum Pigta	ailed	Alumir	num	
Circuit Breakers? (Yes/No) Under Renovation? (Yes/No)					
Graffiti Present? (Yes/No)					
Commercial Exposure? (Y	es/No)	Type?			
Fire Sprinklers? (Yes/No)					
Smoke Detectors? (Yes/No	b) Hardwire	Battery	Che	cked How Often?	
Number of Pools? Fenced? (Yes/No) Self Locking Gates? (Yes/No)					
Diving Boards? (Yes/No) Depth Markers? (Yes/No)					
Bars on Bedroom Windows? (Yes/No) If yes contact our office immediately					
Recreation Facilities (Desc	cribe):				
Occupancies (List by Type	e):				
	onal Insured	-			
		Loar	n Number:		
Address: City:	State:	Zin:	Phone:		
Contact Person:	State	Zip:	_ Fione Fax #:		
LOSS EXPERIENCE (Last	,				
Date of Loss	Description	Amount Paie	d/Reserve	Property or Liability Loss	

Signature: _____ Title: _____