**Initial Property Inspection Form**

Insured’s Name Loan Number

Property Address City State Zip

Insured Value Inspector’s Name

Inspector’s Phone Number Date of Inspection Construction Type Roof Type Number of Stories Year Built Square Feet Pool (Yes/No) Garage Sump Pump (Yes/No)

\*\*\*\*CONDITION OF PROPERTY\*\*\*\*

Describe Interior Describe Exterior Age of Roof

Are all windows secured? Yes No

Are all windows damaged? Yes No (If no, what date will they be fixed? ) Are all doors locked? Yes No

Date grass was last mowed

Are trees trimmed and is any growth onto the non‐owned property removed? Yes No Are there any sidewalks that are uneven, cracked, or have exposed root growth? Yes No Are there any loose hand railings, lose bricks/stone, or cracked boards? Yes No

If yes, when were the issues remedied?

Is there any asbestos, lead paint, cleaning materials, or debris on the property? Yes No If yes, when is it scheduled to be removed?

Is the electricity on? Yes No

Is the gas on? Yes No

Is the water on? Yes No

Is the Fire Department paid staff or volunteer? Paid Volunteer How close is the nearest fire department? miles

Number of fire hydrants within 500 feet of property Condition of neighborhood Good Stable Fair Poor Deteriorated How is routine patrol performed? City Police Private Security

Is property listed in a flood zone? Yes No Date of last flood