

**Monthly 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

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

Describe Interior

Are all windows secured? Yes No

Describe Exterior

Are all windows damaged? Yes No (If no, what date will they be fixed? ) Are blinds in the window? Yes No

Are all doors locked? Yes No

Date grass was last mowed

Date tree debris was removed

Are trees trimmed and is any growth onto the nonPowned property removed? Yes No Date trees were last trimmed

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 heat/AC on? Yes No

Is the gas on? Yes No

Is the water on? Yes No

Is there any interior water damage? Yes No

Are there any exposed wires on the interior or exterior? Yes No Are the windows boarded? Yes No

If yes, when will the boards be removed? Condition of neighborhood Good Stable Fair Poor Deteriorated How is routine patrol performed? City Police Private Security