



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 _____