

**PROPERTY INSPECTION REPORT
MONTHLY FOLLOW-UP**

INSURED'S NAME _____ LOAN # _____

PROPERTY ADDRESS _____ CITY _____ STATE _____ ZIP _____

INSURED VALUE \$ _____ INSPECTOR'S NAME _____

INSPECTOR'S PHONE NUMBER _____ DATE OF INSPECTION _____

**** CONDITION OF PROPERTY**

Both interior and exterior must be inspected. Take digitally dated pictures of each room. Clearly photograph kitchen sink area and bathroom tub/sink/toilet to document condition of fixtures and plumbing AT LEAST QUARTERLY.

INTERIOR: _____ EXTERIOR: _____ ROOF (age and condition): _____ DATE GRASS CUT: _____

VACANT – OCCUPIED _____ IF VACANT, PROPERTY STILL SECURED: _____

ALL WINDOWS SECURED: _____ IF BROKEN, DATE REPAIRED: _____

CONDITION OF TREES/SHRUBS (ie. Branches on roof or neighbors property, dead or alive):

CONDITION OF SIDEWALKS (ie uneven, cracked, tree root growth): _____

ENTRYWAYS, STEPS, RAILINGS (ie. Loose boards, bricks, stones, hand railing): _____

HEALTH HAZARDS: (ie lead paint, asbestos, cleaning materials, debris): _____

ANY NEW DAMAGE SINCE INITIAL INSPECTION (i.e. vandalism, water, roof) _____

UTILITIES

ELECTRICITY: ON OFF GAS: ON OFF WATER: ON OFF

IF UTILITIES HAVE BEEN DISCONNECTED, DATE DISCONNECTED: _____

PROPERTY WINTERIZED (ie pipes drained, heat maintained): _____

NEIGHBORHOOD

ANY CHANGE IN NEIGHBORHOOD CONDITIONS FROM LAST INSPECTION: _____

**** Please attach additional pages or write on back of this sheet for detailed description.**

ADDITIONAL COMMENTS:
