



Monthly Property Inspection Form

Insured's Name _____ Loan Number _____
Property Address _____ City _____ State _____ Zip _____
Insured Value _____ Person Inspecting _____
Inspector's Phone Number _____ Date of Inspection _____

****CONDITION OF PROPERTY****

Describe Interior _____ Describe Exterior _____

Are all windows secured? Yes No

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 non-owned 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 N/A

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

Any known patrols performed? Yes No