



# Property Questionnaire

Name of organization \_\_\_\_\_

Completed by \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date Completed \_\_\_\_\_

Location address \_\_\_\_\_ Email Address \_\_\_\_\_

## Property Protection

1. Is the nearest fire department paid or volunteer?  Paid  Volunteer
2. What is the distance to the nearest responding fire department? \_\_\_\_\_
3. Do you have written procedures to utilize an alternate water source and an automatic fire pump for fire suppression? **Yes**  **No** 
  - a. **If yes**, is the system and pump tested annually?
  - b. Please describe the water source \_\_\_\_\_
4. Is your property located in an area prone to brush fire or wildfire?  
  - a. **If yes**, please describe risk management controls in place to reduce burn exposure.
5. Is your property in a remote location?  
  - a. **If yes**, is there a full-time caretaker on premises?
  - b. Please describe controls in place to prevent malicious mischief, vandalism, arson, etc.

## Plumbing and Water Systems

- |  | <b>Yes</b>               | <b>No</b>                |
|--|--------------------------|--------------------------|
| 1. Do you have basement drains and/or floor drains?  | <input type="checkbox"/> | <input type="checkbox"/> |
| a. <b>If yes</b> , are they equipped with one-way valves to prevent water backup?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. What type of pipes are present, select all that apply:  |                          |                          |
| <input type="checkbox"/> Lead <input type="checkbox"/> Plastic or PVC <input type="checkbox"/> Copper <input type="checkbox"/> Brass <input type="checkbox"/> Steel/galvanized steel <input type="checkbox"/> Rubber |                          |                          |
| <input type="checkbox"/> Other _____   |                          |                          |
| 3. Are pipes wrapped in insulation, select all that apply:   |                          |                          |
| <input type="checkbox"/> Asbestos <input type="checkbox"/> Rubber <input type="checkbox"/> Fiberglass <input type="checkbox"/> Foam <input type="checkbox"/> Other _____   |                          |                          |
| 4. Do you have water lines or sprinkler lines in unheated areas like attics, crawl spaces, etc. or in areas where the temperature may fall below 45°F?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you have any seasonal, vacant, or unused buildings with water pipes?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Please describe all seasonal freeze prevention measures for water pipes and unheated areas:   |                          |                          |

**Plumbing and Water Systems *Continued***

	Yes	No
7. Do you have automatic sprinklers?	<input type="checkbox"/>	<input type="checkbox"/>
a. Has your sprinkler system been tested by a qualified contractor within the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
b. Has your sprinkler system received a formal winterization review by a qualified sprinkler contractor within the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
c. Are the sprinkler system activation alarms monitored by an approved 24-hour alarm receiving center?	<input type="checkbox"/>	<input type="checkbox"/>
d. Do you regularly inspect your sprinkler system to verify access and identify concerns?	<input type="checkbox"/>	<input type="checkbox"/>
e. Are all valves in the correct operating positions, as indicated by system diagrams?	<input type="checkbox"/>	<input type="checkbox"/>

**Roof**

1. Square footage of roof _____ Age of roof _____ Planned date for roof replacement _____		
2. Style of roof, select all that apply: <input type="checkbox"/> Conventional slope <input type="checkbox"/> Low slope <input type="checkbox"/> Flat <input type="checkbox"/> Parapet walls <input type="checkbox"/> Mono-slope <input type="checkbox"/> Gable (2 slopes) <input type="checkbox"/> Hip (4 slopes) <input type="checkbox"/> Other _____		
3. Do you conduct annual roof inspection and regular maintenance?	<input type="checkbox"/>	<input type="checkbox"/>
4. Any roof leaks in the past 12 months? a. <b>If yes</b> , please describe any work to repair the leaks: <input type="checkbox"/> None planned at this time	<input type="checkbox"/>	<input type="checkbox"/>
5. Has the roof been exposed to severe weather in the past 5 years? a. <b>If yes</b> , <input type="checkbox"/> No damage <input type="checkbox"/> Repaired damage <input type="checkbox"/> Unrepaired damage	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have roof mounted equipment (HVAC, solar panels, skylights, etc.)? a. Please describe type, age, and indicate number of units:  b. Indicate if equipment is owned or leased: <input type="checkbox"/> owned or <input type="checkbox"/> leased c. Is there hail guard protection in place? d. Please describe other controls utilized to protect your roof and/or mounted equipment:	<input type="checkbox"/>	<input type="checkbox"/>