

# UIC Inspections

## **APARTMENT INSPECTION**

**Prepared for:**

## **REPORT EXAMPLE**

**of the Insured**

**D BROW**

**180 MY STREET**

**GOR ME 04038**

**Underwriter: S HOPS**

**Agent: GORM**

**Policy No.: CPS0805902**

**UIC Inspections  
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[www.uicinspections.com](http://www.uicinspections.com)**

**2006090798**

**Recommendation Letter Attached**

**UIC Inspections**  
**APARTMENT INSPECTION**

Insured: **D BROW**Address:: **180 MY STREET**  
**GOR ME 04038**Interviewed: **TENANT On 10/31/2006**

**SPECIAL INSTRUCTIONS**

*THERE WERE NO SPECIAL INSTRUCTIONS.*

**CONSTRUCTION**

*THE RISK IS A 90 YEAR OLD 2.5 STORY FRAME BUILDING, RESTING ON ENCLOSED-MASONRY FOUNDATION WITH FULL BASEMENT. THE EXTERIOR OF THE RISK IS VINYL, THE INTERIOR OF THE RISK IS FINISHED. THE FLOORING IS WOOD JOIST. THE ROOF IS WOOD JOIST PEAKED WITH ASPHALT SURFACE. THE BUILDING APPEARED IN AVERAGE CONDITION WITH NO PHYSICAL DEFECTS. MAINTENANCE AND UPKEEP OF THE BUILDING WAS FOUND TO BE AVERAGE.*

Type: **FRAME**Sq. Feet: **4500**No Of Stories: **2.5**Foundation: **ENCLOSED MASONRY**Exterior Walls: **VINYL**Building Age: **90** Chimney Condition: **AVERAGE**Firewalls: **NO FIREWALL**Roof: **PEAKED**Surface: **ASPHALT**Age: **15**Defects: **NONE**Maintenance: **AVERAGE**

**OCCUPANCY**

*THE RISK IS A SEVEN UNIT APARTMENT BUILDING WITH THREE UNITS ON THE FIRST AND SECOND FLOORS AND ONE ON THE THIRD FLOOR. ALL UNITS WERE OCCUPIED AT THE TIME OF INSPECTION. HOUSEKEEPING WAS FOUND TO BE AVERAGE.*

Apartments: # of **7** Sq Ft: **4500**Mercs: # of **0** Sq Ft: **0**# of Vacant: **0**Turnover Rate: **AVERAGE**Tenant Type: **FAMILY**Building Owner Occupied: **NO**Building Owner Sq Ft: **0**Basement Use: **STORAGE, UTILITIES**Housekeeping: General: **AVERAGE**Basement: **AVERAGE**Garage Construction: **NONE**Garage Attached: **NONE**No of Stalls: **0**Garage Sq Ft: **0**Garage Condition: **NONE**

**UTILITIES**

*WE FOUND THAT THE GENERAL CONDITION OF BUILDING SERVICES WAS AVERAGE FOR THIS TYPE OF RISK. WE NOTED NO UNUSUAL HAZARDS AT THIS TIME.*

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### APARTMENT INSPECTION

Heating Sys.: **FHA**Age: **20+**Fuel: **GAS**Clearance From Heating System: **AVERAGE**Wiring: **ROMEX**Panel: **BREAKERS**Age: **20+**Defects: **NONE**Plumbing: **COPPER**Defects: **NONE**

### NEIGHBORHOOD

*THE RISK IS LOCATED IN A RESIDENTIAL AREA. THIS LOCATION IS IN A STABLE ENVIRONMENT. THE AREA IS WELL LIT, WELL TRAVELED AND WELL PATROLLED. WE NOTED NO EVIDENCE OF VANDALISM TO THE PROPERTY.*

Type: **URBAN RESIDENTIAL**Lighting: **GOOD**Patrolled: **WELL**Traffic: **MODERATE**Vandalism: Exposure: **MODERATE**Present: **NONE**

### LIABILITY

*THE FLOORS AND WALK SURFACES WERE FLAT AND EVEN AND APPEARED IN GOOD CONDITION. THE STAIRS AND HANDRAILS WERE TIGHT AND SECURE. AISLES WERE CLEAR AND FREE OF OBSTRUCTION. EGRESS FROM THE BUILDING WAS SATISFACTORY. THE PREMISES WERE FREE OF EXCESS DEBRIS OR CLUTTER. THE SIDEWALKS WERE LEVEL AND FREE OF TRIP AND FALL EXPOSURE. NO UNUSUAL HAZARDS OR HAZARDOUS PHYSICAL SURROUNDING PROPERTIES WERE NOTED.*

Floor Surfaces: **YES**Floor Opening: **YES**Stairways: **NO**Stair Lighting: **YES**Hand Rails: **YES**Halls: **YES**Sidewalks: **YES**Sidewalk Stairs: **N/A**Gutters & Downspouts: **NO**Marked Exits: **N/A**Panic Bar Handles: **N/A**Fire Escapes: **N/A**Egress: **YES**Emergency Light: **N/A**Yards: **YES**Refuse: **YES**Swimming Pool: **N/A**Driveway: **YES**Parking Lot: **YES**Parking Lot Sq Ft: **2000**Dog: **NO**

Breed:

### PROTECTION

*THE RISK WAS LOCATED IN CLOSE PROXIMITY TO FIRE HYDRANTS AND THE FIRE DEPARTMENT. FIREFIGHTING ACCESSIBILITY TO THE RISK WAS AVERAGE.*

Fire Dept Type: **PAID**Miles to Fire Dept: **2**Feet to Hydrant: **100**Firefighting Accessibility **AVERAGE**Smoke Detectors: **HARDWIRED APARTMENTS, HARDWIRED HALLS, NOTIFIES LOCALLY**Annunciator Panel: **NO**# of Extinguishers ABC: **0**BC: **0**K: **0**

Tag Date:

Fire Pull Box: **NO**Sprinkler System: **NONE**PSI: **0**Pct Coverage: **0**Siamese Connector: **NO**Water Flow Gong: **NO**Sprinkler Alarm To Central: **NO**

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Burglar Alarm: **NONE**

Features: **NONE**

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**EXPOSURES**

Right Side Feet: **8**

Type:

Condition: **STREET**

Left Side Feet: **20**

Type: **FRAME STRUCTURE**

Condition: **AVERAGE**

Rear Feet:

Type:

Condition: **CLEAR**

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**RECOMMENDATIONS**

*06-1 REPAIR GUTTERS AND DOWNSPOUTS.*

*06-2 REPAIR ROTTING SOFFETS.*

*06-3 REPAIR OR REPLACE LOOSE OR WORN STAIR TREADS.*

# REPORT EXAMPLE

2263 ACUSHNET AVE  
NEW BEDFORD, MA 02745

AGENT: GORM

D BROW

DATED: 11/28/2006  
RE POLICY NUMBER: CPS0805902  
REF: 2006090798

**Location Surveyed**  
180 MY STREET  
GOR, ME 04038

Below you will find a list of recommendations we are submitting to you as a result of our recent survey.

Compliance with these recommendations is expected within 30 days. Failure to comply may result in notice of cancellation.

**Recommendations:**

06-1 REPAIR GUTTERS AND DOWNSPOUTS.

06-2 REPAIR ROTTING SOFFETS.

06-3 REPAIR OR REPLACE LOOSE OR WORN STAIR TREADS.

Please sign and date this letter when the recommendations are completed and return it to us.

Sincerely

I certify that all of the recommendations above have been complied with.

**Insured's Signature:** \_\_\_\_\_ **Dated:** \_\_\_\_\_

Note: Our survey of the insured's operations is for underwriting purposes only. Our company does not assume any responsibility for the discovery and elimination of hazards that could possibly cause accidents or damage. Compliance with any submitted recommendations in no way guarantees the fulfillment your obligations as may be required by any local, state or federal law.