



Building & Safety Information

1. Are you aware of any past or present roof leaks? _____
 If yes, has it been repaired? _____ When? _____
 Who performed the repair? _____
 Phone number: _____
2. Are you aware of any past or present roof problems? _____
 If yes, please explain: _____
 Has it been repaired? _____ When? _____
 Who performed the repair: _____
 Phone number: _____
3. Is there a roof warranty? _____ (If yes, submit a copy of the warranty)
4. Are you aware of any interior wall/ceiling/door/window/floor problems? _____
 If yes, please explain _____

5. Are you aware of any cracks or settling involving the foundation, exterior walls or slab? _____ If yes, please explain _____

6. If your property has a fireplace, are you aware of any chimney or fireplace problems? _____ If yes, please explain _____

7. Are you aware of any damage to any structure on the property by any of the following? (circle all that apply)

Flood	Fire	Wind	Water	Expansive Soil	Hail
			Other		

 If other, please explain _____

8. Are you aware of past or present treatment of the property for termites or other wood destroying organisms? _____ Date of last treatment _____
 Name of the treatment provider: _____

Heating & Cooling

1. What type of heating systems does the property have? _____
2. How old is the heating unit? _____
3. Are you aware of any past or present problems with the heating system? _____

4. What type of cooling system does the property have? _____
5. How old is your cooling system? _____

Initials _____ / _____



Swimming Pool/Spa/Hot Tub/Sauna/Water Feature

- Does the property contain any of the following? (circle all that apply)
 Swimming Pool Spa Hot Tub Sauna Water Feature
 If yes, are they heated? _____ (circle one) Gas Electric
- Are you aware of any past or present problems relating to the swimming pool, spa, hot tub, or water feature, including pump, filter or heating device? Please explain _____

- Is the swimming pool, spa, hot tub or water feature? (circle one)
 Fresh Water Salt Water Chlorinated Water
- Is there a barrier between the home and the swimming pool, spa, hot tub? _____
 If yes, does the gate have a self closing device? _____
- Are you aware of any past or present problems with the barrier(s) or gate? _____
 If yes, please explain _____

Electrical and Other Related Systems

- Are you aware of any past or present problems with the electrical system(s)? _____
 If yes, please explain _____

- Is there a security system? _____. If yes, is it? (circle one)
 Leased owned monitored other? _____
- Are you aware of any past or present problems with the security system(s)? _____
 If yes, please explain _____

- Does the property contain any of the following systems or detectors? (circle all that apply).
 Smoke/Fire detectors Fire Suppression (sprinklers)
 Carbon Monoxide detector
- Are you aware of any past or present problems with any of the above systems? _____. If yes, please explain _____

Initials _____ / _____



Miscellaneous

1. Are you aware of or have you observed any of the following on the property?
(circle all that apply)

Scorpions Rabid Animals Rodents Bee Swarms Owls
Reptiles Other

If other, please explain _____

2. How often is the property serviced or treated for pests, reptiles, insects or animals? _____. Name of service provider _____
_____. Date of last service _____

3. Are you aware of any work being done on the property, such as building, plumbing, electrical or other improvements? _____

4. Are you aware of any past or present problems with any of the built-in appliances? _____. If yes, please explain _____

5. Are you aware of any flood damage to the property? _____
If yes, please explain _____

6. Are you aware of any water damage or water leaks of any kind on the property? _____. If yes, please explain _____

7. Are you aware of any past or present mold growth on the property? _____
If yes, please explain _____

8. Are there any hazardous chemicals stored on the property? _____
If yes, please explain _____

Initials _____ / _____



Utilities

Who is the provider to the property for...

- Electric _____
- Water/Sewer _____
- Gas _____
- Cable/Satellite _____
- Telephone _____
- Garbage _____
- Fire _____
- Police _____

Vendors

Do you have preferred vendors?

Electrician

Name _____
Company Name _____
Telephone # _____
Are they licensed? _____

Plumber

Name _____
Company Name _____
Telephone # _____
Are they licensed? _____

Pool Service

Name _____
Company Name _____
Telephone # _____
Are they licensed? _____

Landscaping

Name _____
Company Name _____
Telephone # _____
Are they licensed? _____

Initials _____ / _____



Vendors

Air Conditioning and Heating

Name _____
 Company Name _____
 Telephone # _____
 Are they licensed? _____

Flooring/ Carpet Cleaning

Name _____
 Company Name _____
 Telephone # _____
 Are they licensed? _____

Painting

Name _____
 Company Name _____
 Telephone # _____
 Are they licensed? _____

Other

Name _____
 Company Name _____
 Telephone # _____
 Are they licensed? _____

Additional explanations or comments

Owner Certification: Owner certifies that the information contained herein is true and complete to the best of the owner(s) knowledge as of the date signed.

 Name

 Date

 Name

 Date

Initials _____ / _____