



SURVEY OF RESIDENTIAL PROPERTY CONDITIONS

LOCATION _____
Number and Street _____ City or Town _____

NAME OF INSURED _____

INSPECTED _____ BY _____
Date _____

TYPE OF RISK _____ CONSTRUCTION _____

HEIGHT (Stories) _____ NUMBER OF FAMILIES _____

Based on inspection of the above property the following underlined conditions as described in Part III of the Dwelling Manual were found to exist:

<u>CONDITIONS</u>	Annual Added Rate <u>PER \$100 OF INSURANCE</u>
<p>a. <u>HEATING:</u> Unsafe arrangement of heating devices, including chimneys, stovepipes and gas vents.</p>	_____
<p>b. <u>WIRING:</u> Unsafe or inadequate electric wiring, non-standard extensions, overloading, overfusing, ect.</p>	_____
<p>c. <u>CONVERSION:</u> Sub-division or conversion of the original living spaces into multiple units with overcrowded occupancy, inadequate sanitary facilities, unsafe arrangement of cooking devices, etc.</p>	_____
<p>d. <u>PHYSICAL CONDITIONS:</u> Building not in good repair, roof or chimneys deteriorating, wood surfaces unpainted or decaying, garages or porches not well maintained, etc.</p>	_____
<p>e. <u>HOUSEKEEPING:</u> Yard, basement, hallways or attic not kept clean and free from rubbish and litter.</p>	_____

TOTAL ADDED RATE FOR SUB-STANDARD CONDITIONS

REVIEWED AND APPROVED:

COMPANY DATE _____

BY: _____
Name and Title

A copy of this form shall be attached to the daily report when submitted for audit.



DWG-E989
Louisiana
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