Name of Applicant:

Completed By:       Date:

**Property Management Supplemental Questionnaire**

1. Number of Office Employees that are:
	1. Full time\_\_\_\_\_\_\_ Part time:\_\_\_\_\_\_ Temporary/seasonal:\_\_\_\_\_\_
2. Number of Maintenance / Guard / Doorman Employees that are:
	1. Full time:\_\_\_\_\_\_ Part time:\_\_\_\_\_\_ Temporary/Seasonal:\_\_\_\_\_\_
	2. Provide number of employees per each job duty:

Maintenance:\_\_\_\_\_\_ Door/Lobby Attendants:\_\_\_\_\_\_

Unarmed Security Guards\_\_\_\_\_\_ Armed Security Guards\_\_\_\_\_\_

* 1. If applicant employs any security guards and/or door/lobby attendants, please provide class code their payroll has been included in:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. Sub-Contractor/1099 labor hired to perform any of the following job duties: (**circle all applicable**)

24 hour emergency repairs / Carpet removal/installs / Movers to handle evicted residents

Electrical / HVAC / Plumbing / Roofing / Painting-Exterior

Janitorial / Snow/Ice Removal / Tree Trimming above ground

* 1. Are updated Certificates of Insurance obtained on all subcontractor/1099’s? Yes [ ]  No [ ]
1. Does Applicant perform any window cleaning above ground level? Yes [ ]  No [ ]
2. Percent of maintenance work that is: Interior \_\_\_\_\_\_% Exterior \_\_\_\_\_\_%
3. Are Employees required to perform any job duties with the use of ladders, scaffold or lifts? Yes [ ]  No [ ]
	1. If yes, list specific job duties:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
		1. Maximum height\_\_\_\_\_\_
		2. % of work from: Ladders\_\_\_\_\_\_\_ Scaffold\_\_\_\_\_\_\_ Lifts\_\_\_\_\_\_\_
		3. What controls are in place when working from heights:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Provide % of properties managed that are: Residential\_\_\_\_\_\_% Commercial\_\_\_\_\_\_%
	1. Provide % break-out: Condominiums/Townhomes\_\_\_\_\_\_% Apartment Complex\_\_\_\_\_\_%

Office\_\_\_\_\_\_% Other\_\_\_\_\_\_% (specify other)

* 1. Do properties have protection such as security cameras and/or secure access? Yes [ ]  No [ ]
	2. Are properties only shown during daytime hours? Yes [ ]  No [ ]
	3. What was the eviction ratio in the last 12 months: \_\_\_\_\_\_
		1. Number requiring law enforcement involvement:\_\_\_\_\_\_
	4. How is rent collected: (**circle all applicable**)

Physically Collected / Mail in only / Drop off Only / On-line

1. Do any employees live on site? Yes [ ]  No [ ]
	1. If yes, provide % of employees and is housing allowance provided? \_\_\_\_\_\_% Yes [ ]  No [ ]
	2. If yes, allowance amount and was it included in annual payroll provided? $\_\_\_\_\_\_\_\_\_ Yes [ ]  No [ ]
2. Do any tenants receive reduced rent for providing services, including but not limited to:

Law Enforcement, Security, Emergency calls/repairs? Yes [ ]  No [ ]

J. How are tenant/resident emergency situations handled?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does Applicant have any automobile/driver exposures? Yes [ ]  No [ ]
	1. If yes, # of vehicles: Owned\_\_\_\_\_ Non-owned\_\_\_\_\_\_
	2. Total number of drivers:\_\_\_\_\_\_ Radius of operations \_\_\_\_\_\_
	3. If more than 5 drivers, submit list of driver names and dates of birth.
2. Would the applicant be willing to comply with alternate duty return-to-work? Yes [ ]  No [ ]

I attest to the above information is accurate.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Signature of Owner/Director Date