

Name of Applicant: _____

Completed By: _____ Date: _____

Property Management Supplemental Questionnaire

- A. Number of Office Employees that are:
a. Full time _____ Part time: _____ Temporary/seasonal: _____
- B. Number of Maintenance / Guard / Doorman Employees that are:
a. Full time: _____ Part time: _____ Temporary/Seasonal: _____
b. Provide number of employees per each job duty:
Maintenance: _____ Door/Lobby Attendants: _____
Unarmed Security Guards _____ Armed Security Guards _____
c. If applicant employs any security guards and/or door/lobby attendants, please provide class code their payroll has been included in: _____
- C. 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

a. Are updated Certificates of Insurance obtained on all subcontractor/1099's? Yes No
- D. Does Applicant perform any window cleaning above ground level? Yes No
- E. Percent of maintenance work that is: Interior _____% Exterior _____%
- F. Are Employees required to perform any job duties with the use of ladders, scaffold or lifts? Yes No
a. If yes, list specific job duties: _____
i. Maximum height _____
ii. % of work from: Ladders _____ Scaffold _____ Lifts _____
iii. What controls are in place when working from heights: _____
- G. Provide % of properties managed that are: Residential _____% Commercial _____%
a. Provide % break-out: Condominiums/Townhomes _____% Apartment Complex _____%
Office _____% Other _____% (specify other)
b. Do properties have protection such as security cameras and/or secure access? Yes No
c. Are properties only shown during daytime hours? Yes No
d. What was the eviction ratio in the last 12 months: _____
i. Number requiring law enforcement involvement: _____
e. How is rent collected: **(circle all applicable)**
Physically Collected / Mail in only / Drop off Only / On-line
- H. Do any employees live on site? Yes No
a. If yes, provide % of employees and is housing allowance provided? _____% Yes No
b. If yes, allowance amount and was it included in annual payroll provided? \$ _____ Yes No
- I. 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? _____
- K. Does Applicant have any automobile/driver exposures? Yes No
a. If yes, # of vehicles: Owned _____ Non-owned _____
b. Total number of drivers: _____ Radius of operations _____
c. If more than 5 drivers, submit list of driver names and dates of birth.
- L. 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