

1. BOARD MEMBER INFORMATION

| | NAME | SUITE NO | PHONE/EMAIL |
|-----------|------|----------|-------------|
| President | | | |
| VP | | | |
| Treasurer | | | |
| Secretary | | | |
| Director | | | |

2. EMERGENCY CONTACT INFORMATION

Please provide the below information for all persons who will need to be contacted in the event of an emergency.

| | NAME | TITLE | PHONE & EMAIL |
|-------------------|------|-------|---------------|
| Property Manager | | | |
| Maint. Supervisor | | | |
| Maint. Technician | | | |
| Other | | | |
| Other | | | |



3. OWNERS POINT OF CONTACT

Please provide the following owner information:

| NAMES | SUITE NO | PHONE | FAX | EMAIL | SQ FT OF OCCUPIED SPACE | SECURITY OR SPECIAL ISSUES |
|-------|-------------|-------|-----|-------|-------------------------------|----------------------------|
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4. SUBCONTRACTORS

Please provide the requested information for any subcontractors you currently use. If you do not have a provider for any services listed, we will use one of our preferred venders.

| TRADE | COMPANY | CONTACT | EMERGENCY PHONE |
|--------------------|---------|---------|-----------------|
| Acoustical Ceiling | | | |
| Carpet | | | |
| Drywall | | | |
| Electrical | | | |
| Furniture Systems | | | |
| General Contractor | | | |
| Glass & Window | | | |
| HVAC | | | |
| ΙΤ | | | |
| Janitorial | | | |
| Mechanical | | | |
| Painter | | | |
| Phone & Internet | | | |
| Plumbing | | | |
| Roofing | | | |
| Security | | | |
| Sprinklers | | | |
| Tile/Stone | | | |
| Vinyl | | | |
| Wallpaper | | | |
| Trash Removal | | | |
| Other | | | |
| Other | | | |



| 5. POWER | | | | |
|------------------------------|-----------------------------------|-------------------|---------------------------------|---------------|
| Please provide any informat | ion concerning power | issues your build | ding or Owners have. | |
| Do you have back-up power | er? 🗌 No | ☐ Yes | If yes, specify type | : |
| Will you need immediate p | ower? 🗌 No | ☐ Yes | If yes, for which sp | ecific areas? |
| Electric Company Name: | | | | |
| Electric Company Emerge | ncy Number: | | | |
| | | | | |
| 6. BUILDING GENER | AL INFORMATION | | | |
| Please provide all available | diagrams and/or archit | ectural drawing | s of the entire property. | |
| Do you have property blue | eprints? | ☐ Yes | | |
| Do you have property diag | rams? ☐ No | ☐ Yes | | |
| Do you have an emergenc | y evacuation plan? | ☐ No | ☐ Yes | |
| Total Number of Buildings | : | | | |
| BUILDING NUMBER | APPROXIMATE BUIL TOTAL SQUARE FOO | | BER OF UNITS IN THE BUILDING | |
| | | | | |
| | | | | |



INSURANCE AND PROPERTY APPRAISAL

Please provide copies of your insurance policies and latest appraisal pertaining to the property.

| Insurance Company | |
|---------------------|--|
| Agent | |
| Policy Number | |
| Limits of Liability | |
| Coverage Limits | |
| Policy Limit | |
| Deductible | |
| | |
| Insurance Company | |
| Agent | |
| Policy Number | |
| Limits of Liability | |
| Coverage Limits | |
| Policy Limit | |
| Deductible | |

8. BUILDING INSPECTION

Please provide information regarding specific areas of concern on your property. CERT will perform an inspection and report recommendations to your company.



9. ADDITIONAL INFORMATION

Please provide any other information that would be of some help to expedite the recovery.