

Request to join the ALPS Property Manager Listing

ALPS Mission: *To Avoid Preventable Losses*

Affinity Loss Prevention Services (ALPS) was established to provide educational and informative content to Real Estate Investors, Landlords, Property Managers, Tenants and others with an interest in the REI industry. The intended purpose of the content provided is to assist the audience with providing quality services to their clients in a manner that avoids financial losses and bodily injuries.

Our Audience: Real Estate Investors, Landlords, Property Managers, Tenants, others with an interest in the REI Industry.

What We Do:

- Produce and distribute educational materials, articles and action plans to assist our Audience in the prevention of avoidable losses; property, financial and bodily.
- Find and foster relationships with manufacturers and service providers that assist our Audience in their loss prevention practices. (ALPS Products and Discounts)
- Provide Loss Case Studies where proactive management practices could have avoided a loss.
- Provide a website based forum where shared experiences can help others avoid a potential loss.
- Provide a Property Manager listing of PM's possessing a commitment to working toward a loss-free management experience.
- Review claims data and advise Audience of situations that may commonly occur, but are avoidable with proactive and preventable measures.
- Advise Audience on the ways insurance may or may not cover losses.

Qualification: To qualify for consideration for inclusion in the ALPS Property Management Listing the inquiring Property Manager/Firm must:

- Demonstrate a commitment to preventing avoidable losses.
- Contribute to open dialogue regarding best practices and experiences in managing properties in order to avoid property and financial losses for investor clients as well as avoidance of bodily injury to tenants, neighbors and Property Management employees.
- ALPS will review the insurance program claims database, internal documents and records along with any supporting documents provided by the applicant in making its determination.

Applicant Information (Portions of this information will be posted on our website):

Please complete all sections of the form below. We will reference it during the application review process. Please note: we cannot process your application unless this form is filled out in its entirety. This information may be shared internally, with carriers when applicable, and if approved, portions will be used in your listing on the ALPS website. If you have any questions about this form, please feel free to contact us at info@affinitylps.com. Attach additional pages for your answers if needed.

Company Name: _____

Contact Name: _____

Phone #: _____

E-Mail Address: _____

Address: _____

Website Address: _____

Years in Business: _____ # of Clients: _____ # of Properties Managed: _____ # of Units Managed: _____

of Employees: _____ Average Tenure/Years of Experience of Your Employees: _____

Industry Affiliations, Certifications, Designations or Awards (National and/or Local): _____

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Type of Properties Managed (select any/all that apply):

- Single Family
 Multi-Family (2-4 units) (5-10 units) (11-50 units) (51-100 units) (100+ units)
 Mixed-Use (Part residential/part commercial)
 Commercial

Description of Services/Specialty: _____

What is the furthest driving distance you will allow to a property you manage? _____ Miles

Do you have written procedures for all management services you offer? Yes No

If no, please explain: _____

How do you stay in compliance with local housing codes, fair housing laws and other ordinances? _____

How often do you brief your client on their property/properties? _____

How do you communicate non-payment of rent to your client? _____

Insurance:

PM's must carry appropriate insurance coverage for their operations and employees. i.e. Professional Liability, Workman's Comp, etc. Can you attest that you have obtained appropriate coverage? Yes No

Are the workers you hire licensed and insured? Yes No

If no, please explain _____

Do you require the property owner to list you as an additional insured on their premises liability policy? Yes No

Do you report changes of occupancy to your insurer accurately and timely? Yes No

Does the lease require the tenant to carry renter's insurance? Yes No

If yes, please provide a copy of your lease template and indicate where this provision is contained.

Are you/your company listed as an additional interest on your tenants' renter's policies? Yes No

How often do you review this coverage with the tenant? _____

What do you do if the tenant breaks the renter's insurance provision? _____

If a loss is discovered at your client's property, how soon and in what manner do you report that loss to your client? _____

How quickly do you report any losses to your client's insurer? 24-48 hours 3 days-1 week Several Weeks

Average number of claims you file per year: _____

Out of those claims, what is the most common type of claim you file? _____

Identify the worst claim situation you've had: _____

Briefly describe your loss mitigation plan: _____

Would you like someone to contact you to ensure you have the correct coverages as mentioned above? Yes No

Tenants:

Briefly describe your tenant screening process: _____

For what types of issues/hazards/damage should tenants contact you? _____

What is your time frame for responding to tenant issues? 24-48 hours 3 days-1 week Several Weeks

Who responds to tenant issues? Myself Staff Third Party

Do you have a 24-hour emergency line? Yes No

Briefly describe your pet policy: _____

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How are lease violations addressed? _____

Is there a "Cash for Keys" program in place? Yes No

Who administers the "Cash for Keys" program? Myself Staff Third Party

How soon after the tenant moves out do you secure the property? _____

How long are properties typically vacant in-between renters? _____

Inspections:

How often do you perform drive-by inspections? _____

How often do you perform walkthrough inspections? _____

Who is responsible for performing the property inspections? Myself Staff Third Party

Briefly describe key items included in walkthrough inspections: _____

Maintenance/Construction/Security:

Who provides preventative and "as needed" maintenance? Myself Staff Third Party

Who secures, winterizes and monitors vacant properties? Myself Staff Third Party

Briefly describe the methods you use to secure vacant properties: _____

How do you monitor vacant homes? _____

Are work logs kept of all maintenance/construction/security tasks? Yes No

Is all maintenance/construction work inspected and signed off on after work is completed? Yes No

If no to either question, please explain _____

Who is responsible for the following:

	PM	Tenant
Battery changes in smoke detectors	<input type="radio"/>	<input type="radio"/>
Changing of lint traps in dryer	<input type="radio"/>	<input type="radio"/>
Supplying fire extinguisher(s) & regular testing	<input type="radio"/>	<input type="radio"/>
Upkeep of lawn (mowing and weeding)	<input type="radio"/>	<input type="radio"/>
Upkeep and removal of trees/tree limbs	<input type="radio"/>	<input type="radio"/>
Cleaning of gutters	<input type="radio"/>	<input type="radio"/>
Upkeep and repair of walks, stairs and handrails	<input type="radio"/>	<input type="radio"/>
Winterizing walks and stairs in inclement weather	<input type="radio"/>	<input type="radio"/>
Maintenance of daily utilities (ex. Heat in winter)	<input type="radio"/>	<input type="radio"/>
Maintenance of plumbing, electrical, and HVAC systems	<input type="radio"/>	<input type="radio"/>
Ensuring doors and locks are operational/secure	<input type="radio"/>	<input type="radio"/>
Ensuring windows are operational/in good condition	<input type="radio"/>	<input type="radio"/>
Making sure all areas are well lit, day or night	<input type="radio"/>	<input type="radio"/>
If applicable, swimming pool maintenance & care	<input type="radio"/>	<input type="radio"/>
Regular removal of trash from the residence	<input type="radio"/>	<input type="radio"/>

Affirmation & Signature:

By my signature below, I certify the information I provided on and in connection with this form is true, accurate and complete. I also understand that any false statements or deliberate omissions on this document or any other document I file with ALPS may be grounds for disqualification* from the ALPS Property Manager Listing and any related benefits.

 Date: _____
 Company Principal Signature Indicating Support and Compliance with ALPS Mission

 Printed Name of Company Principal

*ALPS reserves the right to edit, decline and revoke participation in the ALPS PM Listing. ALPS does not guarantee or warranty the work or operations of Property Managers.

Thank you for taking the time to apply for the ALPS Property Manager Listing.
 We look forward to reviewing your application! Please e-mail your signed form to info@affinitylps.com.