



Commercial Lines Alternative Valuation Report

Valuation Report Requirements: Please review the [05.26.16 Commercial Lines Bulletin: New Resource for Appraisals and Alternative Valuation Requirements](#) prior to completion of a valuation report.

Property:

Property owner's name: _____
Property address: _____
City, State ZIP _____,

Certification:

I, _____,
of _____,
certify that I am qualified and have experience in the field of commercial property inspections,
commercial risk assessment and commercial property replacement cost evaluation.

Signature: _____ Date: _____

Position / License Number (if applicable): _____

Building and Construction Analysis:

Building description (address/name): _____
Occupancies: _____
Number of units: _____

Year built: _____
Number of stories: _____
Enclosed area: _____
Open area (open balconies/walkways): _____

Construction Elements:

Foundation: _____
Floors: _____
Walls: _____
Roof structure (wood/metal/concrete): _____
Roof cover: _____
Roof shape: _____



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Building Systems and Features:

HVAC type: _____
Fire suppression system: _____
Security systems: _____
Elevator: _____
Generator: _____
Specialty features/materials: _____

General Condition: Excellent Good Fair Poor

Description of observed existing damage, maintenance recommendations, or property hazards:

Residential Occupancy Information:

Community type:
 Apartment/Cooperative Condominium Homeowners Association
 Other: _____

Total number of units: _____
Number of owner-occupied units: _____
Number of units rented on a long-term lease of 12 months or more: _____
Number of units rented on a daily, weekly or monthly basis: _____

Describe any commercial cooking exposures:

Additional comments:

