

NYC Rent Guidelines Board 2026 Price Index of Operating Costs

Survey of Rent Stabilized Apartment Building and Hotel Owners/Managers

Note: For this phase of the PIOC, we need information on insurance, labor, management, and maintenance costs. Information on all other costs is collected directly from the vendors who provide the goods and services to NYC rent stabilized apartment buildings and hotels.

Please answer ALL questions ONLY for the building identified below:

A. INSURANCE

1. Please give the following information for the insurance company that currently insures this building:

Name of Insurance Company _____

Name of Insurance Agency/Broker _____

Agent's Name _____ Phone # () _____

Policy # _____ Name of Policy Holder _____

2. When did the latest insurance policy for this building go into effect? _____ / _____ (Month/Year)

3. What is the current annual cost to insure this building? \$ _____ / year
(Include all multiperil and liability insurance carried.)

4. What was the annual cost to insure this building the previous year? \$ _____ / year

5. Was there a change in the insurance policy from last year to this year? (circle one) Yes No

If yes, please indicate what changed (*check ALL that apply*) and if the change in your coverage was **REQUIRED** by your insurance company.

	<u>Increased</u>	<u>Decreased</u>	<u>Insurance Co. Required Change</u>
Insured Value	_____	_____	_____
Amount of Deductibles	_____	_____	_____
Maximum Liability Coverage	_____	_____	_____
Insurance Company Rates	_____	_____	_____
Other (<i>Please explain</i>)	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

6. Did you change insurance companies from last year to this year? (circle one) Yes No

If yes, please give the following information for the previous insurance company:

Name of Insurance Company _____

Name of Insurance Agency/Broker _____

Agent's Name _____ Phone # () _____

Policy # _____ Name of Policy Holder _____

B. LABOR

1. Are there any **union** laborers employed in this building? (*circle one*) **Yes** **No**

2. Are there any **non-union** laborers employed in this building? (*circle one*) **Yes** **No**

If the answer to question 2 is **yes**, please provide the following information for each **non-union** employee:

<u>Name</u>	<u>Phone #</u>	<i>Current Rate Per Hour/or Week/or Month</i>	<i>Rate 12 Months Ago</i>
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Building Superintendent* _____ () _____ \$ _____ \$ _____

*To be considered a superintendent, the employee must perform most of the following duties: hire and train other building personnel; plan sequence of maintenance work; determine alterations and repairs required; determine work that can be completed by building personnel; obtain bids from contractors; submit bids and recommendations to supervisors; supervise contracted projects; purchase building and maintenance supplies; purchase equipment and furnishings; show apartments to prospective tenants. May also perform other janitorial duties.

Building Janitors/Porters** _____ () _____ \$ _____ \$ _____
_____ () _____ \$ _____ \$ _____

**To be considered a janitor/porter, the employee must perform most of the following duties: keep building clean and orderly; tend boiler; sweep hallways and stairs; handle trash; touch-up paint, plumbing, electrical wiring and other routine activities; notify management of need for major repairs; clean snow and debris from sidewalks and maintain outside of building.

3. Is a **rent-free apartment** provided for the building superintendent? (*circle one*) **Yes** **No**

If yes, how much would it rent for per month? Currently \$ _____ 12 months ago \$ _____

C. MANAGEMENT COMPANY

1. How is this building managed? (*check one*) _____ Owners manage it themselves

_____ Owners contract to an **outside** management company

If this building is managed by an **outside** management company, please provide the following information:

Company Name _____ Phone # () _____

Manager's Name _____ Address _____

How much was this company paid in annual fees for **2025** to manage this building? **2025** \$ _____

How much was this company paid in annual fees for **2024**? **2024** \$ _____

Were management fees for this building based on the rent roll? (*circle one*) **Yes** **No**

If yes, what percentage of the rent roll was paid in management fees? **2025** _____% **2024** _____%

D. MAINTENANCE COSTS

1. Was this building constructed before 1974? (circle one) Yes No

2. How many apartments are in this building?
(Please include all apartments, regardless of their rent regulation status) _____ (apartments)

3. How many elevators are in this building? Answer "0" if none. _____ (elevators)

4. Use this section to report **calendar year 2025** costs for contractor services - that is, **repair and maintenance work contracted to outside suppliers and service companies**. Exclude the cost of any work done by the owner, owner's employees, and/or the management company reported in Section C. Do not include the cost of replacing items (such as roofs, boilers, or plumbing fixtures), but only those costs associated with repairing and maintaining items in good working order. Do not include capital improvements in this section.

a. Painting apartments, building interiors, and exteriors \$ _____

b. Plumbing repairs \$ _____

c. Elevator maintenance and repair \$ _____

d. Electrical maintenance and repair \$ _____

e. Boiler, furnace, or central heating maintenance and repair \$ _____

f. Appliance repair \$ _____

g. Roof maintenance and repair \$ _____

h. Floor maintenance \$ _____

i. Extermination services \$ _____

j. Cleaning service contracts \$ _____

k. Other maintenance and repair costs, including water tower cleaning, exterior ground maintenance, exterior building maintenance, etc. \$ _____

5. Use this section to report **calendar year 2025** costs of items needed for general maintenance of the building. These types of items would be used in the upkeep of the building by supers and/or janitors, in addition to appliances that were replaced in individual apartments.

a. Maintenance/cleaning items (including items such as light bulbs, all purpose cleaner, faucets, paint, mops, etc.) \$ _____

b. Replacement appliances (such as refrigerators, ranges, and air conditioners) \$ _____

Your Name _____ Your Phone Number () _____
(please print)

Your Email Address _____ (please print)