

REQUEST FOR INSURANCE COVERAGE

Facilities Management:

Department Occupying Property: _____

Location of Property: _____
(Street Address)

Name of Building (if applicable): _____

*Construction Type (see codes below): _____ Year Built/Renovated: _____

Date Building Acquired/Occupied: _____ Square Footage: _____

Estimated Value of Building: _____ Estimated Value of Contents: _____
(If unknown, attach list of contents)

Risk Management:

Date Contacted Insurance Carrier: _____

Account Representative/Customer Service Representative: _____

Amount(s) of Insurance Requested: _____
(Building) (Contents) (Flood)

Effective Date of Coverage: _____

Date Acknowledgment Received: _____
(Attach Acknowledgment)

Notes:

*Construction Type: Frame ♦ Joisted Masonry ♦ Non-Combustible ♦ Masonry Non-Combustible ♦
Fire Resistive ♦ Semi-Fire/Wind Resistive

REQUEST FOR INSURANCE COVERAGE (PART 2)

Please enter codes for supplemental wind information: (See codes below)

Design Code _____ Roof Age _____ Roof Parapets _____

Const. Quality _____ Roof Framing Type _____

Roof System _____ Cladding System _____

Roof Geometry _____ Basement _____

Roof Anchor _____ Bldg Maintenance _____

Design Code	Construction Quality	Roof System	Roof Geometry	Roof Anchor	Roof Age	Roof Framing Type	Cladding System	Basement	Bldg Maintenance	Roof Parapets
0=Unknown 1=After 1985 2=1983-1985 3=1975-1984 4=1962-1974 5=1951-1961 6=None/Pre 1950	0=Unknown 1=High Pitched (>45deg) 2=Hipped Roof (15-15 deg) 3=Gable Roof (15-45deg) 4=Flat Roof (<15 deg)	0=Unknown 1=Concrete Fill 2=Metal Sheathing 3=Single Ply Membrane 4=Built-up roof 5=Composition Shingles 6=Concrete/Clay tiles	0=Unknown 1=Metal/Bolt Anchors 2=Toe Nailing 3=No Anchorage	0=Unknown 1=Certified Design 2=Cert. of Occupancy 3=No design review 4=Obvious signs of disrepair	0=Unknown 1=Concrete/Reinf. Masonry 2=Unreinforced masonry 3=Brick Veneer 4=Metal Sheathing 5=Wood 6=EIFS (Dryvit) 7=Laminated Glass 8=Non-protected glass	0=Unknown 1=Concrete/Reinf. Masonry 2=Unreinforced masonry 3=Brick Veneer 4=Metal Sheathing 5=Wood 6=EIFS (Dryvit) 7=Laminated Glass 8=Non-protected glass	0=Unknown 1=Building Maint. Enforced 2=No Bldg Maint.	0=Unknown 1=No Basement 2=Basement w/ protection 3=Basement w/o protection	0=Unknown 1=Yes, parapets 2=No Parapets	0=Unknown 1=Yes, parapets 2=No Parapets