

INSURANCE INFORMATION FOR LEASED PREMISE

Your Agency: _____ Lease Number: _____
Check One: New Lease Renewal Lease Other: Describe: _____
Agency Contact Name: _____ Contact Phone: _____
Contact E-mail: _____ Contact Fax: _____
Exact Street Address of leased premise¹: _____ Town: _____ Zip Code _____

Check the type of construction that best describes the building:

- (1) Combustible (typically wooden buildings) (2) Masonry structures with combustible frames or interiors
 (3) Metal structures (all metal roof, frame and walls) (4) Masonry structures with masonry or metal framing
 (5) Buildings with a 1 to 2 hour fire resistive rating (6) Buildings with a 2 or more hour fire resistive rating

Year of construction of building (if known or best guess): _____

Number of floors (do not count unfinished basement and attic) _____

Is there an unfinished basement? Yes No Is there an unfinished attic? Yes No

Approximate total area of building - do not include unfinished basement or attic: _____ sq. feet

Of the total area, approximate area that your agency occupies with this lease: _____ sq. feet

Number of elevators in building: _____ Does building have central air conditioning? Yes No

If your agency does not occupy 100% of the useable space in this building, this section must be completed.

Building Occupancy Type(s) - check as many as are applicable for this building:

- Auditorium (18); Classroom (2); Day Care (33); Dormitory (10); Gym (12); Laboratory (5);
 Maintenance Shop (6); Office (1); Retail (29); Staff Residence (11); Storage (3);
 Other. Describe: _____

Your agency's occupancy type (check one - only the most prevalent):

- Auditorium (18); Classroom (2); Day Care (33); Dormitory (10); Gym (12); Laboratory (5);
 Maintenance Shop (6); Office (1); Retail (29); Staff Residence (11); Storage (3);
 Other. Describe: _____

Building is: 100% Sprinklered Partially Sprinklered - state % _____ Not sprinklered at all

Building has a central station smoke detection system: Yes No

Building has a central station security system: Yes No

Building has an employee key card system: Yes No

Replacement cost insurance desired: Contents \$ _____ Effective Date: _____

Return this form to:

State of Maine, Risk Management Division, 85 State House Station, Augusta, ME 04333-0085

Questions? Call 287-3351

FOR RISK MANAGEMENT DIVISION USE ONLY

INSPBY: _____

INSPDATE: _____

¹ STREET ADDRESS: Insurance companies are requiring detailed location information now. The "911" address assigned by towns is the most desirable address. Street numbers and names are needed where available. For example:

UNDESIRABLE

Western Avenue

Rt 1

RR1, Box 100

Rockland Plaza

PO Box 100

DESIRABLE

607 Western Ave

302 Route 1

42 Route 1

373 Main St

30 Meadow Rd