COPE
INSURANCE REQUEST FOR CONTENTS ONLY

Exact Street Address of office location [1]: _____ Town: _____ Zip Code _____

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); ☐ Vacant (4) ☐Other - Describe: _____

Agency area is: ☐ Sprinklered ☐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

Cost/limit of insurance desired: Contents $ _____ Effective Date: _____

Email this form to amber.dangler@maine.gov

Questions? Call 287-3351
Fax 207-287-4008

[1] Post office boxes and rural route numbers are unacceptable. The 911 address is required.