COPE
INSURANCE INFORMATION FOR STATE OWNED BUILDING

Your Agency: _____

Agency Contact Name: _____ Contact Phone: _____

Contact E-mail: _____ Contact Fax: _____

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

Building property name: _____ Risk Mgmt Mcode: _____ or ☐ unknown

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 a basement/crawl space? ☐Yes ☐No Is the basement finished ☐Yes ☐No

Approximate square footage of building - do not include basement, attic or mezzanine: _____ sq. feet

Number of elevators in building: _____

Boiler and/or pressure vessels – In this building, how many units may require State inspection?

Number of boilers: _____ Number of pressure vessels: _____

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); ☐ Vacant (4)
☐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); ☐Garage (35); ☐Staff Residence (11); ☐Storage (3); ☐ Vacant (4)
☐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

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

IF POSSIBLE, PROVIDE A PHOTOGRAPH OF THE FRONT OF BUILDING

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.