

**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

Replacement cost 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.