|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 premise [[1]](#footnote-1): | | | |  | 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 |

Total area your agency occupies with this lease:       sq. feet

Leased space 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:

Leased Space 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:**

**Questions? Call 287-3351**

**Either fax this form to 287-4008 or mail to:**

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

1. Post office boxes and rural route numbers are unacceptable. The 911 address is required. [↑](#footnote-ref-1)