

**COPE
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 premise ¹: _____ Town: _____ Zip Code _____

Check the type of construction that best describes the building:

- | | |
|---|---|
| <input type="checkbox"/> (1) Combustible (typically wooden buildings) | <input type="checkbox"/> (2) Masonry structures with combustibile frames or interiors |
| <input type="checkbox"/> (3) Metal structures (all metal roof, frame and walls) | <input type="checkbox"/> (4) Masonry structures with masonry or metal framing |
| <input type="checkbox"/> (5) Buildings with a 1-to-2-hour fire resistive rating | <input type="checkbox"/> (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.