

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:

- | | |
|---|--|
| <input type="checkbox"/> (1) Combustible (typically wooden buildings) | <input type="checkbox"/> (2) Masonry structures with combustible 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 |

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

Replacement cost insurance desired: Building: \$ _____ Contents \$ _____ Effective Date: _____

Questions? Call 287-3351
Either fax this form to 287-4008 or Email to:
Lance.Lemieux@maine.gov

IF POSSIBLE, PROVIDE A PHOTOGRAPH OF THE FRONT OF BUILDING

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