

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 premise¹: _____ 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

Year of construction of building (if known or best guess): _____

Number of floors (do not count unfinished basement and attic) _____

Is there an unfinished basement? Yes No Is there an unfinished attic? Yes No

Approximate total area of building - do not include unfinished basement or attic: _____ sq. feet

Of the total area, approximate area that your agency occupies with this lease: _____ sq. feet

Number of elevators in building: _____ Does building have central air conditioning? Yes No

If your agency does not occupy 100% of the useable space in this building, this section must be completed.

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);
 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); Retail (29); Staff Residence (11); Storage (3);
 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: Contents \$ _____ Effective Date: _____

Questions? Call 287-3353.

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

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

FOR RISK MANAGEMENT DIVISION USE ONLY

INSPBY: _____

INSPDATE: _____

¹ Post office boxes and rural route numbers are unacceptable. We need the 911 address assigned by the municipality in question.