

NAME OF ENTITY REQUESTING INSURANCE: _____ Acct.# _____

ENTITY DIVISION? (Park, District, Etc.): _____ STRUCTURE #: _____

IF NOT OWNED, IS THE ENTITY RESPONSIBLE FOR THE STRUCTURE INSURANCE? _____

STRUCTURE NAME: _____ STREET/ROAD: _____

CITY: _____ ZIP: _____ COUNTY: _____ DATE ACQUIRED: _____

STRUCTURE LOCATED IN INCORPORATED AREA? _____

CIRCLE STRUCTURE TYPE: BUILDING TOWER TANK SHED SHELTER OTHER: _____

STRUCTURE USE: _____ SPRINKLERS: (CIRCLE ONE) NONE FULL PARTIAL

YEAR CONSTRUCTED: _____ TOWN FIRE PROTECTION CLASS: _____ NUMBER OF OWNED ELEVATORS _____

CONSTRUCTION TYPE (CIRCLE # BELOW)

- 1. Fire Resistive - Built with noncombustible materials protected with maximum fire proofing.
- 2. Semi Fire Resistive - Noncombustible materials providing at least one hour fire resistance.
- 3. Brick - Built with noncombustible materials but lacking the fire proofing of item No. 2
- 4. Heavy Timber Support - 10 by 6 inch beams, 8 inch columns, & 4 inch floor planking (minimum)
- 5. Masonry - Brick - Stone - Concrete Self supporting walls with wood or steel floor supports.
- 6. Frame - Built of light wood or steel of low fire resistance including brick veneer.
- 7. Other - Describe: _____

DOES STRUCTURE HAVE BASEMENT? _____ IF YES, IS BASEMENT FINISHED? _____

NUMBER OF FLOOR LEVELS INCLUDING BASEMENT: _____ AREA OF STRUCTURE: _____ SQUARE FOOTAGE

* IF BUILDING IS OWNED, ENTER THE ACCUMULATED GROSS SQUARE FEET (Outside dimension of each floor level including the basement).
IF LEASED, ENTER THE ACTUAL SQUARE FOOTAGE UNDER THE LEASE AGREEMENT.

DESCRIBE ANY ALARM SYSTEMS: _____

TYPE OF HEATING (CIRCLE ALL THAT APPLY): UNHEATED ELECTRIC GAS FURNACE OIL FURNACE SPACE HEATER

STEAM BOILER HOT WATER BOILER OTHER: _____

HAS LOCATION BEEN SUBJECT TO PAST FLOOD DAMAGE? _____ UNDERGROUND COAL MINE SUBSIDENCE? _____

INSURANCE AMOUNT - BUILDING: \$ _____ CONTENTS: \$ _____

DOES LOCATION PRODUCE REVENUE? _____ IF YES, SOURCE: _____ ANNUALS \$ _____

INDIVIDUAL COMPLETING REQUEST: _____ PHONE NO. _____

COMMENTS _____

FOR BOARD USE ONLY
CUSTOMER # _____
DIVISION # _____
LOCATION # _____
INITIAL _____ DATE: _____

MAIL TO: BOARD OF RISK & INSURANCE MANAGEMENT
4501 MACCORKLE AVENUE SW
300 GHANNAM BUILDING
SOUTH CHARLESTON, WV 25309

TELEPHONE: 800 345-4669

304 766-2646 EXT. 105 OR 103 (FOR UNDERWRITERS)

FAX: 304 766-2653