



Florida Department of Financial Services: <https://apps.flds.com/RiskManagement/CoverageRequest.aspx>

**Note:** Attach two exemplar photographs of two different exterior elevations

**Work Sheet: BUILDING INSURANCE COVERAGE REQUEST FORM (FOR DATA INPUT USE BY USF PM)**

<b>Agency:</b>		<b>Certificate No:</b>	
<b>Mailing Address:</b>		<b>City:</b>	<b>ZIP:</b>
<b>Bldg Name:</b>		<b>Bldg Number:</b>	<b>County:</b>
<b>Location Address:</b>		<b>City:</b>	<b>ZIP:</b>
<b>Flood Zone:</b>		<b># Stories:</b>	<b>Basement:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Inside City Limits:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Most Recent Construction Yr:</b>	<b>GSF:</b>
<b>Occupancy:</b>		<b>If Other, provide description:</b>	<b>Sprinklered:</b>

**GPS:** GPS with Tutorial: <http://www.floridadisaster.org/gis/kml/viewer.htm> . Use USNG and DD:dd coordinates only.

<b>USNG:</b>	<b>LAT N:</b>	<b>LONG W:</b>
Example: 17R ML 12345 54321	Example: 28.12345	Example: -82.12345

**Exterior Wall:** **Type:**  Frame  Masonry  Semi Wind Resistive  Wind Resistive  Other

**Subtype:**

For Frame: \_\_\_\_\_

For Masonry: \_\_\_\_\_

For Semi Wind Res: \_\_\_\_\_

For Wind Res: \_\_\_\_\_

For Other, describe: \_\_\_\_\_

**Roof Supports:** **Type:**  Frame  Masonry  Semi Wind Resistive  Wind Resistive  Other

**Subtype:**

For Frame: \_\_\_\_\_

For Masonry: \_\_\_\_\_

For Semi Wind Res: \_\_\_\_\_

For Wind Res: \_\_\_\_\_

For Other, describe: \_\_\_\_\_

**Amounts of ACV Insurance:**

<b>Building:</b>	<b>Contents:</b>	<b>Rental:</b>
Bldg only Replacement: _____	_____	_____
Owned by any Agency, Board, or Bureau of the State of Florida? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Dist. to Ocean/Gulf:</b> _____
<b>Dist. to Nearest Hydrant:</b> _____	<b>Fire Dept Name:</b> _____	
<b>Fire Pump:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, type:</b> _____	

**Security:** Indicate all that are applicable:  Keypad, Keycard Entry  Cameras  Building Lockdown

Police Drive-by  Entry Security Station

**Watchman:** \_\_\_\_\_ **Alarm System:** \_\_\_\_\_ **Alarm Services:** \_\_\_\_\_

**Protective Signaling Services:** \_\_\_\_\_ **Water Supply:** \_\_\_\_\_

Smoke/Heat Alarms  Local Annunciator  Pull Stations

**Generator:** Check if applicable:  Generator

<b>Manufacturer:</b>	<b>KW:</b>
_____	_____
<b>Gallon Capacity:</b>	<b>Fuel Type:</b>
_____	_____

**Warehousing:** (Describe any large scale storage of goods or products)

\_\_\_\_\_

**Hazards:** (Haz-Mat handling, tanks of volatile gas, nuclear material, etc.)

\_\_\_\_\_

**Generator & Transformers:** If the project also includes a generator or a transformer that is over 100 feet from the building or its value is over \$50,000, must schedule them on the insurance coverage separate from the building. Complete a separate Insurance Coverage Request Form and submit with the building Insurance Coverage Request Form