

STATE OF ALABAMA
FINANCE DEPARTMENT
DIVISION OF RISK MANAGEMENT
777 S. Lawrence Street
Montgomery, Alabama 36130-3250

Email: Dale.Whittle@finance.alabama.gov

Fax :(334)954-5339 or (334)223-6124

PROPERTY INSURANCE REQUEST

DORM Office Use Only					
Protect	<input type="checkbox"/>	RCV	<input type="checkbox"/>	STA	<input type="checkbox"/>
A/S	<input type="checkbox"/>	ACV	<input type="checkbox"/>	RSK	<input type="checkbox"/>
Const	_____				
	Bldg	Cont	Bldg	Cont	
	Fire	Fire	EC	EC	
Orig	_____	_____	_____	_____	
RCV	_____	_____			

AU Project Managers should use this form to officially request insurance on NEW buildings when they have reached substantial completion. **IMPORTANT: Please enter the requested information. This form must be fully completed to activate coverage. Print this completed form, and then scan and e-mail or fax to Brooke Patton at cbp0007@auburn.edu or 334-844-4640.**

Division _____ Location # _____ (To be completed by Risk Mgmt) Item # _____ (To be completed by Risk Mgmt)

INSURED _____

Agency, Department, Board, or Commission

BUILDING NAME _____ SPECIFIC OCCUPANCIES

STREET ADDRESS _____

City

Zip Code

Requested Coverage Start Date _____ 100% Building Replacement Value* _____

100% Contents Value _____

*Building Value (excluding land). Do not include site work and/or grading.

(Best Estimate If Possible) _____

BUILDING DATA

1. No. of Stories/Avg. Story Height (ft) _____

2. Year Built _____

3. Town Class (To be completed by Risk Mgmt) _____

4. Total Gross Square Footage _____
(under roof enclosed by 4 walls)

5. List Additions such as open porch, built-in kitchen equip., interior bleacher seating, mezzanines, etc. _____

6. Fire Protection (check all that apply):

- Fully Sprinklered Y N
- Fire Extinguishers Y N
- Fire Alarm Y N
- Central Station Y N
- Local Y N
- Smoke Detectors Y N
- If kitchen, is there a hood extinguisher Y N

7. Building Condition (if over 5 years old) **N/A for New Buildings**

- Rewired Y N What Year?
- New Plumbing Y N What Year?
- New Roof Installed Y N What Year?
- Remodeled Y N What Year?

8. Overall Building Condition (select one):

- Excellent
- Good
- Average
- Poor

AU Project Mgr: _____

Signature: _____

Title/Position: _____

Telephone: _____

E-mail: _____

Date: _____

CONSTRUCTION CHARACTERISTICS

1. FLOOR (ground level)

- concrete slab
- wood
- crawl space
- stilts

2. UPPER FLOORS

- concrete
- wood
- other _____

3. UPPER FLOOR SUPPORTS

- wood
- concrete
- metal
- solid brick or stone
- hollow concrete block
- hollow concrete blk w/ brick or stone ven.
- all metal
- solid concrete

4. EXTERIOR WALLS

- wood studs with wood siding
- wood studs with vinyl siding
- wood studs with metal siding
- metal girts with brick veneer
- wood studs with brick or stone veneer
- other _____

5. ROOF

- flat
- pitched
- combination
- other _____

6. ROOF DECK

- wood
- metal
- concrete
- tectum
- other _____

7. ROOF SUPPORTS

- wood
- metal
- concrete
- other _____

8. ROOF COVERING

- shingles
- metal
- built-up tar & gravel
- rubber membrane
- other _____

9. INTERIOR WALLS- Wall Structure

- brick, solid
- concrete block
- studs, girts, etc.
- none

10. WALL FINISH- Wall Structure

- drywall
- paint
- epoxy
- paneling, solid wood
- plywood/hardwood/fiberboard
- tile, ceramic, or quarry
- wallpaper, vinyl
- none

11. FLOOR FINISH

- brick
- carpet
- concrete sealer or topping
- epoxy
- hardwood
- linoleum
- marble
- synthetic gym floor
- terrazzo
- tile, ceramic, quarry or rubber
- tile, vinyl composite
- vinyl sheet
- none

12. CEILING FINISH

- drywall
- paint
- paneling, wood
- plaster, sprayed
- plywood/hardwood/fiberboard
- suspended acoustical
- textured finish
- none

13. HEAT SYSTEM

- coal
- electric
- gas
- wood
- other _____

14. HEAT METHOD

- other
- forced
- hot water
- radiant
- steam
- other _____

15. AIR CONDITIONING

- chilled water w/air handlers
- chilled water w/fan coil units
- evaporative coolers
- forced cool air
- heat pump
- other _____

IMPORTANT!

1. Please include a copy of the Architectural Floor Plans with this form.