**BUILDING INSURANCE REQUEST FORM**

### Building Location

- **Building Name:**
- **Building Number:**
- **Address:**
- **Flood Zone Code:**
- **City:**
- **State:**
- **Zip:**
- **County:**
- **Inside City Limits?**
  - Yes
  - No
- **Responding Fire Department:**
  - City
  - County
  - Self
  - None
- **Global Positioning System (GPS) Coordinates:**

### Building Information

- **Number of Stories:**
- **Occupancy:**
  - Office
  - Storage
  - Educational
  - Recreational
  - Penal
  - Farm
  - Residential
  - Number of Units: __________
- **Exterior Walls:**
  - Frame
  - Frame with Metal Covering
  - Frame with Masonry Veneer
  - Concrete Block
  - All Metal
  - Masonry-Solid
  - Masonry-Hollow with Brick Veneer
  - Masonry on Steel
  - Other: __________________________
- **Sprinkler System**
  - Yes
  - No
- **Roof Support:**
  - Frame
  - Poured Concrete
  - Precast Concrete
  - Other: __________________________
- **Roof Material:**
- **Amounts of Insurance:**
  - Building: _______________________
  - Trailer: _______________________
  - Contents: _______________________
  - Rental Value: ___________________
- **Ownership:**
  - Is this building owned by an Agency, Board or Bureau of the State of Florida?
    - Yes
    - No
  - If Yes, provide the following:
    - Square Footage: ________________
    - Construction Date: _______________
    - Digital photos of the exterior (front, rear, sides) of the new or renovated building have been provided to EH&S.

### Form Completed by

- **Name (please print):**
- **Signature:**
- **Date:**

Completed forms can be sent via FAX, Campus Mail or Delivered to the address listed above.