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|  **FLORIDA FIRE INSURANCE TRUST FUND** **COVERAGE REQUEST FORM** |
| INSURED'S NAME: | Florida State University | CERTIFICATE NO. |       |
| MAILING ADDRESS: | Department of Environmental Health and Safety |
|   | 1013 Parking Garage, Bldg 0070 |
| CITY & STATE: | Tallahassee, Florida | ZIP CODE: | 32306-4109 |
| PROPERTY LOCATION: |        | YOUR BUILDING No |       |
| BUILDING NAME: |        |
|  |  |  |  |
| ADDRESS OR DIRECTIONS: |        | FLOOD ZONE CODE: |       |
| CITY: |       | COUNTY: |       |
|  |  |  |  |
| INSIDE CITY LIMITS? | YES:[ ]  NO:[ ]  | NUMBER OF STORIES IN BUILDING |      |
| RESPONDINGFIRE DEPT. | CITY: [ ]  COUNTY: [ ]  SELF: [ ]  NONE: [ ]  OTHER:        |
| OCCUPANCY | OFFICE: [ ]  STORAGE: [ ]  EDUCATIONAL: [ ]  RECREATIONAL: [ ]  PENAL: [ ]  FARM: [ ]  RESIDENTIAL: [ ]  NUMBER OF UNITS:     OTHER:        |
| EXTERIORWALLS | FRAME: [ ]  CONCRETE BLOCK: [ ]  ALL METAL: [ ]  MASONRY-SOLID: [ ]  FRAME WITH METAL COVERING: [ ]  MASONRY-HOLLOW WITH BRICK VENEER: [ ]  FRAME WITH MASONRY VENEER: [ ]  OTHER:       SPRINKLER SYSTEM: YES: [ ]  NO: [ ]  |
| ROOFSUPPORTSROOF MATERIAL | FRAME: [ ]  POURED CONCRETE: [ ]  PRECAST CONCRETE: [ ]  OTHER:             |
| AMOUNTS OFINSURANCE | BUILDING:       TRAILER:       CONTENTS:       RENTAL VALUE:        |
| OWNERSHIP | Is this building owned by any Agency, Board or Bureau of the State ofFlorida? YES: [ ]  NO: [ ]  If yes, give the following:SQUARE FOOTAGE:       CONSTRUCTION DATE:       |
| REQUESTED BY | SIGNATURE: TITLE: Coordinator of Insurance and Risk DATE:       |
| INSTRUCTIONS | 1. See suggested procedures for obtaining coverage in the Florida Fire

Insurance Trust Fund dated April 1, 1973.1. Please submit in duplicate if a validated copy is to be returned to you.
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|  TRUST FUND USE ONLYBUILDING FIRE RATE: CONTENTS FIRE RATE: EC RATE: FIRE CREDIT SCH: EC CREDIT SCH: EC ZONE: TOWN CLASS: INSURANCE EFFECTIVE DATE: (F.S. 284 AND 287)APPROVED BY:  |