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| PUBLIC PROTECTION CLASS: DISTANCE TO NEAREST WORKING PUBLIC FIRE HYDRANT: _____ | CITY LIMITS: _____ | INSIDE <input type="checkbox"/> OUTSIDE <input type="checkbox"/> | DISTANCE TO NEAREST RESPONDING FIRE DEPARTMENT: _____ |
| DISTANCE FROM COSTAL WATERS: _____ FEET _____ MILES | | | |
| TOTAL SQ. FT. AREA: _____ | #OF BUILDINGS: _____ | APROXIMATE DISTANCE BETWEEN BUILDINGS: _____ | |
| # OF STORIES _____ | INTENDED OCCUPANCY: _____ | | |
| COPE: (CHECK ONE): | | | |
| <input type="checkbox"/> | FRAME | WALLS ARE CONSTRUCTED OF WOOD OR OTHER COMBUSTIBLE MATERIALS, INCLUDING WHEN COMBINED WITH OTHER MATERIAL SUCH AS BRICK VENEER, STONE VENEER, WOOD IRONCLAD ON WOOD | |
| <input type="checkbox"/> | MASONRY JOIST | WALLS ARE CONSTRUCTED OF MASONRY MATERIALS SUCH AS CLAY, ADOBE, BRICK, GYPSUM BLOCK, CINDER BLOCK, HOLLOW CONCRETE BLOCK, STONE, TILE, GLASS BLOCK OR OTHER SIMILAR MATERIAL AND WHERE THE FLOORS AND/OR ROOF ARE COMBUSTIBLE | |
| <input type="checkbox"/> | NONCOMBUSTIBLE | WALLS / FLOORS / ROOF ARE CONSTRUCTED OF AND SUPPORTED BY METAL, ASBESTOS, GYPSUM OR OTHER NON-COMBUSTIBLE MATERIAL | |
| <input type="checkbox"/> | MASONRY NONCOMBUSTIBLE | WALLS ARE CONSTRUCTED OF MASONRY MATERIALS OF THE TYPE DESCRIBED IN MASONRY JOIST ABOVE BUT WITH A FLOOR AND ROOF CONSTRUCTED OF METAL OR OTHER NON-COMBUSTIBLE MATERIAL | |
| <input type="checkbox"/> | FIRE RESISTIVE | WALLS / FLOORS / ROOF ARE CONSTRUCTED OF FIRE RESISTIVE MATERIALS HAVING A RESISTANCE RATING OF NOT LESS THAN TWO (2) HOURS | |
| REFERENCE TO WALLS MEANS THE STRUCTURAL FRAME AND SUPPORT WALLS, RERERANCE TO FLOORS MEANS THE FLOORS AND SUPPORTS, REFERENCE TO ROOF MEANS THE ROOF DECK AND SUPPORTS | | | |
| NEAREST EXPOSED STRUCTURE: OCCUPANCY: _____ | | DISTANCE TO: _____ CONSTRUCTION TYPE: _____ | |
| ARE BULDINGS TRANSFERRED TO PERMANENT COVERAGE ONCE COMPLETED? | | | |
| IF YES TO ABOVE – PLEASE INDICATE MAXIMUM # OF BLDGS. UNDER CONSTRUCTION AT ANY ONE TIMEAND THE CORRESPONDING VALUES: | | | |

| | | | |
|-----------------------|--|---|--|
| <u>SITE SECURITY:</u> | | | |
| _____ YES | <input type="checkbox"/> NO | WATCHMAN ON SITE DURING ALL NON -WORKING HOURS? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| SITE LIGHTED? | <input type="checkbox"/> YES <input type="checkbox"/> NO | HOURS ON SITE? | _____ |

| | | | |
|---|------------------------------|-----------------------------|---------------------------------|
| <u>LOSS CONTROL:</u> | | | |
| DEBRIS REMOVED FROMSITE AT REGULAR INTERVALS? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | FREQUENCY: _____ |
| PUBLIC WATER SUPPLY IN SERVICE AT SITE? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| BRUSH AREA? | _____ YES | _____ NO | IF YES – CLEAR FROM SITE? _____ |

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| <u>MISCELLANEOUS:</u> |
| PROVIDE ANY ADDITIONAL INFORMATION AVAILABLE (WINDSPEED DESIGN, SPECIAL CONSTRUCTION FEATURES, MORTGAGE HOLDER, LOSS PAYEE, ETC.): |
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| <u>CONSTRUCTION DETAILS:</u> | |
| 1. Describe wall, roof and if > one story, intermediate floor construction (i.e. concrete block, poured in place concrete, metal deck on steel frame, concrete on metal deck, etc.): | |
| Structural Members: | _____ |
| Walls: | _____ |
| Roof: | _____ |
| Intermediate Floors: | _____ |

2.Distance to and construction of nearest exposure: _____

If multiple building, please answer the following:

3.# Of buildings: _____

4.Space between each building (attach plot plan if available): _____

5.Please indicate value of each building: _____

6.Are buildings being turned over as completed? If yes, please indicate average number of building under construction at one time (attaché construction schedule if available): _____

ADDITIONAL INFORMATION FOR RENOVATION PROJECTS

1.Age and condition of existing structure including prior occupancy: _____

2.How recently was location occupied? (*Has it been vacant for an extended period of time*) _____

3.What is the extent of structural work to be done? _____

4.If any is being done, provide engineering survey confirming integrity of structure: _____

5.Are water pipes protected against freezing? _____

SUBCONTRACTORS

1.Sub Contractor Employed? Yes: No: Certificates Obtained? Yes: No:

2.List all subcontractors and length of business relationship with the contractor: (Attach Additional Sheet as Needed) _____

3.Additional Comments: _____

MISCELLANEOUS

1.Soft costs: If coverage desired, please attach a breakdown of soft costs requested (i.e. interest expense; real estate taxes; advertising expenses; commissions, legal and accounting fees; architects and engineers fees; project admin, expenses; insurance premiums; etc.) Attach schedule

2.Please provide any additional information available (i.e. windspeed design, special construction features, etc):

AGENT

NAME: _____

ADDRESS: _____

TEL: _____

FAX: _____

EMAIL: _____

Signature: _____

APPLICANT

NAME: _____

ADDRESS: _____

TEL: _____

FAX: _____

EMAIL: _____

WEBSITE: _____

Signature: _____

