|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Your Agency: | |  | | | | | | | | |
| Agency Contact Name: | | |  | | | Contact Phone: | |  | | |
| Contact E-mail: |  | | | | | Contact Fax: | |  | | |
| Exact Street Address of premise [[1]](#footnote-1): | | | | |  | Town: |  | | Zip Code |  |
| Building property name: | | | |  | | Risk Mgmt Mcode:       or  unknown | | | | |

Check the type of construction that best describes the building:

|  |  |
| --- | --- |
| (1) Combustible (typically wooden buildings) | (2) Masonry structures with combustible frames or interiors |
| (3) Metal structures (all metal roof, frame and walls) | (4) Masonry structures with masonry or metal framing |
| (5) Buildings with a 1-to-2-hour fire resistive rating | (6) Buildings with a 2 or more-hour fire resistive rating |

Year of construction of building (if known or best guess):

Number of floors (do not count unfinished basement and attic)

Is there a basement/crawl space? Yes No Is the basement finished Yes No

Approximate square footage of building - do not include basement, attic or mezzanine:       sq. feet

Number of elevators in building:

Boiler and/or pressure vessels – In this building, how many units may require State inspection?

Number of boilers:       Number of pressure vessels:

Building Occupancy Type(s) - check as many as are applicable for this building:

Auditorium (18); Classroom (2); Day Care (33); Dormitory (10); Gym (12); Laboratory (5);

Maintenance Shop (6); Office (1); Retail (29); Staff Residence (11); Storage (3);  Vacant (4)

Other - Describe:

Your agency’s occupancy type (check one - only the most prevalent):

Auditorium (18); Classroom (2); Day Care (33); Dormitory (10); Gym (12); Laboratory (5);

Maintenance Shop (6); Office (1); Garage (35); Staff Residence (11); Storage (3);  Vacant (4)

Other - Describe:

Building is: 100% Sprinklered Partially Sprinklered – state %       Not sprinklered at all

Building has a central station smoke detection system: Yes No

Building has a central station security system: Yes No

Building has an employee key card system: Yes No

**Replacement cost insurance desired: Building: $** **Contents $       Effective Date:**

**Questions? Call 287-3351**

**Either fax this form to 287-4008 or Email to:**

[Lance.Lemieux@maine.gov](mailto:Lance.Lemieux@maine.gov)

**IF POSSIBLE, PROVIDE A PHOTOGRAPH OF THE FRONT OF BUILDING**

1. Post office boxes and rural route numbers are unacceptable. The 911 address is required. [↑](#footnote-ref-1)