

**STATE OF ALABAMA
FINANCE DEPARTMENT
DIVISION OF RISK MANAGEMENT
STATE INSURANCE FUND**
777 South Lawrence Street
Montgomery, Alabama 36130-3250
dwhittle@riskmgmt.state.al.us
(334) 223-6120
FAX (334) 223-6282

**SELF-INSPECTION REPORT & PROPERTY
INSURANCE REQUEST**

Protect _____	BRC _____	Constr _____
A/S _____	ACV _____	
Bldg _____	Cont _____	Bldg Cont _____
Fire _____	Fire _____	EC EC _____
Orig _____	_____	_____
BRC _____	_____	_____
Office Use Only		

Call or email coverage requests to Division of Risk Management, then use this form to officially request insurance on buildings that are not currently insured with the State Insurance Fund (SIF). This form must be fully completed to activate insurance.

Division _____ Location # _____ Item # _____

INSURED _____
Agency, Department, Board, or Commission

BUILDING NAME/USE _____

ADDRESS _____
Street Address

Insurance Effect Date _____	City _____	Building Insurance Amount** \$ _____	Zip _____
100% Building Replacement Value* \$ _____		Contents Insurance Amount** \$ _____	
100% Contents Value \$ _____			

*Building Value (excluding land) **State law requires minimum of 80% insurance to value

BUILDING DATA

- | | |
|---|--|
| <p>1. Number of Floors/stories _____</p> <p>2. Year Built _____</p> <p>3. Within City Limits Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>4. Total Gross Square Footage (all areas, all floors) _____</p> <p>5. Fire Protection</p> <ul style="list-style-type: none"> • Feet to Hydrant _____ • Miles to Fire Dept. _____ • Sprinkler System Y <input type="checkbox"/> N <input type="checkbox"/> • Fire Extinguishers Y <input type="checkbox"/> N <input type="checkbox"/> • Fire Alarm <ul style="list-style-type: none"> Central Station Y <input type="checkbox"/> N <input type="checkbox"/> Local Y <input type="checkbox"/> N <input type="checkbox"/> • Smoke Detectors Y <input type="checkbox"/> N <input type="checkbox"/> • Fire Drills Y <input type="checkbox"/> N <input type="checkbox"/> • If Kitchen, Hood Extinguisher Y <input type="checkbox"/> N <input type="checkbox"/> | <p>6. Building Condition (if over 5 years old) Date _____</p> <ul style="list-style-type: none"> • Rewired Y <input type="checkbox"/> N <input type="checkbox"/> _____ • New Plumbing Y <input type="checkbox"/> N <input type="checkbox"/> _____ • New Roof Installed Y <input type="checkbox"/> N <input type="checkbox"/> _____ • Remodeled Y <input type="checkbox"/> N <input type="checkbox"/> _____ • Describe remodeling _____ • Describe Building Condition _____ |
|---|--|

ATTACH A PHOTO OF THE BUILDING

Name (Print/Type) _____

Signature _____

Title/Position _____

Telephone _____

Date _____