



Coverage Request Form (DBS-850)

Copy Of: Department of Financial Service, Division of Risk Management Coverage Request Form



For Other, description _____

Amounts of ACV Insurance

Building: \$ _____ Contents: _____
Rental: \$ _____ Bldg Replacement: \$ _____

Is building owned by any Agency, Board or Bureau of the State of Florida YES NO

Nearest Hydrant _____ Feet (whole number)
Distance to Ocean _____ Approx. Miles (whole number)
Fire Department Name: _____
Fire Pump?: YES NO If Yes, Type: _____



Warehousing: (describe any large-scale storage of goods or products)

Hazards: (Hazard handling, tanks of volatile gas, nuclear material, etc.)

USF Contact Name & Title:

Department:

E-mail:

Phone: