



Coverage Request Form (DFS-DO-850)

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

Yellow box: Lessor/Leasing Agent: Please fill in data for yellow items.
Pink box: USF Department: Please fill in data for pink items.

Agency: University of South Florida Certificate Number:
USF Lease Number:
Mailing Address: 4202 E. Fowler Ave City: Tampa Zip: 33620

Bldg Name: Bldg#: County:
Bldg Address:
Flood Zone: #Stories
Leased Sq Ft: Start Year of Lease:
Basement? YES NO
Inside City Limits? YES NO

Occupancy Type: If Other, describe:

Sprinklered: % USNG: LAT N: LONG W:

Exterior Wall Type: Frame Masonry Semi Wind Resistive Wind Resistive Other
Sub-Type:
For Frame:
For Masonry:
For Semi Wind Res:
For Wind Res:
For Other, description

Roof Support Type: Frame Masonry Semi Wind Resistive Wind Resistive Other
Sub-Type:
For Frame:
For Masonry:
For Semi Wind Res:
For Wind Res:
For Other, description

Amounts of ACV Insurance:
Building: \$ Contents: \$
Rental: \$ Bldg. Replacement: \$

Is building owned by any Agency, Board of 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: (Haz-mat handling, tanks of volatile gas, nuclear material, etc.)

USF Contact Name & Title:

Department:

E-mail:

Phone: