



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: