

April 5, 2012

MEMORANDUM NO: 026-12HR

TO: Agency Administrators

FROM: Bobbie Chappell, Director of Human Resources

VIA: Rip Colvin, Executive Director

RE: **Deadline for Property Updates for this fiscal year**

As you know, the end of the fiscal year is fast approaching. In order to provide the best service possible, Risk Management is recommending that changes or updates to your certificate be submitted to their office no later than **May 15, 2012**.

The Property Section of Risk Management asks that all coverage requests be completed online. Accordingly, I have attached an online version of the Coverage Request Form in a PDF format. You are asked to complete the PDF form and return it to us. Upon receipt, Andy Snuggs will complete the online form and submit it to Risk Management. To meet the deadline requested by Risk Management, we will need your request(s) to be sent to our office by the close of business on **May 11, 2012**.

If you only need to update current content amounts before the deadline, then please use the Property Schedule to make the necessary updates. Please let us know if you need us to send you a copy of your current Property Schedule to assist with your updates. Forward the updates to us as well and we will forward them on to Risk Management.

Once your information has been submitted to Risk Management, they will provide a copy of the property schedule indicating the changes made, and we will forward this information to the appropriate circuit/agency. Upon receipt of your updated property schedule, please review it as soon as possible, so any errors can be corrected prior to your premiums being calculated for the upcoming fiscal year. Any changes received by Risk Management after May 15, 2012 will be processed after July 1, 2012.

Please contact Andy by email at Andy.Snuggs@jac.myflorida.com if you have any questions.

Thank you.

Please note my email address has changed to Andy.Snuggs@jac.myflorida.com.

Andy Snuggs, Senior Human Resources Coordinator

Human Resources

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DEPARTMENT OF FINANCIAL SERVICES
Division of Risk Management

Coverage Request Form

Agency:

Mailing Address: City:

Building Name: Bldg. Number:

Location Address: City:

Flood Zone: # Stories:

Inside City Limits: Yes No Most Recent Construction Year:

Occupancy: Select Occupancy... If Other, provide description:

Certificate #: (#####)

State: ZIP:

County: Select County...

State: ZIP:

Basement: Yes No

Sq. Footage:

Sprinklered: %

GPS with Tutorial: (Use <http://www.floridadisaster.org/gis/kml/viewer.htm> . Use USNG and DD:dd coordinates only.)

USNG:

Example: 17R ML 12345 54321

LAT N:

Example: 28.12345

LONG W:

Example: -82.12345

EXTERIOR WALL:

Type: Frame Masonry Semi Wind Resistive Wind Resistive Subtype:

If other, provide description:

ROOF SUPPORTS:

Type: Frame Masonry Semi Wind Resistive Wind Resistive Subtype:

If other, provide description:

AMOUNT OF ACV INSURANCE:

Building: \$ Contents: \$ Rental: \$ Replacement (Bldg Only): \$

Is building owned by any Agency, Board or Bureau of the State of Florida? Yes No

Nearest Hydrant: Feet

Distance to Ocean/Gulf: (Miles)

Fire Department Name:

Fire Pump: Yes No If yes, type:

Security: (Indicate all that are applicable.)

Keypad/Keycard Entry Cameras Building Lock Down

Police Drive-By Entry Security Station

Watchman: Protected Signaling Systems:

Alarm Services: Alarm Systems:

Water Supply:

Smoke/Heat Alarms Local Annunciator Pull Stations

GENERATOR: Manufacturer: KW: Gal: Fuel:

WAREHOUSING: (Describe any large scale storage of goods or products.)

HAZARDS: (Haz-mat handling, tanks of volatile gas, nuclear material, etc.)

Requested By Name: Title:

Phone Number: Date: 4/1/2011 10:16:13 AM

* By placing your initials here, you are thereby signing this document with your signature. Electronic Signature: