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| **State of Nevada Risk Management**  **Property Insurance Request - State Owned Building** | | | | | | | | | | | | | | | | | | | | |
| Building Type: (New construction, Renovation, Addition, Demolition, Transfer) | | | | | Change Effective Date:(for new construction, date certificate of occupancy was issued) | | | | | | Agency Contact Name:(for confirmation of insurance) | | | | | | Agency Contact Email: | | | | |
| Department: | | | | | Division: | | | | | | Agency: | | | | Sub-Agency: | | Organization/Budget Account#:(for insurance premium billing) | | | | |
| **For Transfer, please complete this section:** | | | | | | | | | | | | | | | | | | | | | |
| Building ID#: (as assigned by Public Works FCA group) | | | | Entity Accepting Building: | | | | | | Is New Entity a State Agency?  Yes No | | | | Revised Organization/Budget Account#:(for insurance premium billing) | | | | | | Transfer effective date: (if different from above) | |
| **For Renovations or Additions, complete this section for each building modified:** | | | | | | | | | | | | | | | | | | | | | |
| Project Manager Name: | | | | | Project Manager Email: | | | | | Site Location where project is located: (include  Site ID #as assigned by Public Works FCA group) | | | | | | | | | Number of Buildings Renovated: | | |
|  | | | | | | | | | | | | | | | | | | | | |
| PW Id#/Building Name: | | | | | | Square Footage for this current project: | | | | | | Revised Total Building Square Footage: | | | | Revised or Added Building ID#: (if applicable) | | | | |
| PW Project #/Project description: | | | | | | Total Construction Cost for this current project: | | | | | | Revised total building replacement cost(FRC): | | | | Cost for additional F&E included in project: | | | | |
| **For Demolition, please complete this section for each building below:** | | | | | | | | | | | | | | | | | | | | |
| PW Id#: | | | | | | Building Name: | | | | | | | | | | Demolition effective date: | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| PW Id#: | | | | | | Building Name: | | | | | | | | | | Demolition effective date: | | | | |
| **For New Construction, please complete this section below for each building** | | | | | | | | | | | | | | | | | | | | |
| Project Manager Name: | | | | | | Project Manager Email: | | | | | | | | | | | | SPWD Project Number: | | |
| Building Name: | | | | | | Physical Address: (if located in rural location, please also provide GIS coordinates in decimal degrees, see example below)    (GIS Decimal Degree 39.164056, -119.766131) | | | | | | | | | | | | City: | | |
| County: | | | Zip Code: | | | Year Built: | | | Original Building Cost: | | | | Facility Audit Replacement Cost (FRC): | | | | | Cost for any F&E included in project budget(for insurance purposes): | | |
| Gross Square Footage: | | % Fire Suppressed: | | | | | | Facility Usage: (see Attachment for list) | | | | | # of Floors: | | | | | Basement?  Yes No | | |
| IBC Construction Type: (see Attachment for list) | | | | | | | | IBC Occupancy Type 1 and %: (see Attachment for list) | | | | | | | | | | IBC Occupancy Type 2 and %:(see Attachment for list) | | |
| Exterior Type 1 and % :(see Attachment for list) | | | | | | | Exterior Type 2 and %: (see Attachment for list) | | | | | | | | | | | Other Exterior Type: | | |
| Building Description: | | | | | | | | | | | | | | | | | | Building Description Example:  The Blasdel building is a three story building with a basement. The building houses Department of Administration offices, including Admin Services and Personnel. | | |
| **Applicant :** | | | | | | | **Date Requested:** | | | | | | | | | | |
| **Site ID#: (as assigned by Public Works FCA group)** | | | | | | | **Building ID#: (as assigned by Public Works FCA group)** | | | | | | | | | | |  | | |

***ATTACHMENT***

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| **IBC Occupancy Type:**  Type Description  A-1 Having an assembly room with an occupant load of 1,000 or more and a  legitimate stage  A-2 Having an assembly room with an occupant load of less than 1,000 and a  legitimate stage  A-3 Having an assembly room with an occupant load of less than 300 without  a legitimate stage  A-4 Assembly uses intended for viewing of indoor events and activities with  spectator seating  A-5 Assembly uses intended for participation in or viewing outdoor activities  B Offices or Higher Education Offices  E-1 Educational thru 12th grade, 50 or more people for more than 12 hours  per week or 4 hours per day  E-2 Educational thru 12th grade, 50 or less people for more than 12 hours per  week or 4 hours per day  E-3 Building used for day-care for more than 6 people  F-1 Moderate hazard factory & industrial  F-2 Low hazard factory & industrial  H-1 Hazardous Material Storage - High explosion hazard  H-2 Hazardous Material Storage - Moderate explosion hazard  H-3 Hazardous Material Storage - High fire hazard  H-4 Storage of health hazard materials  H-5 Aircraft repair hangars  I-1 Institutional - hospitals, nursing homes  I-2 Nursing homes, mental hospitals  I-3 Prisons, reformatories  M Store with stocks of goods  R-1 Residential, more than 10 people  R-3 Residential, 10 people or less  R-4 Group Care Facility, more than 5, less than 16 residents  S-1 Moderate hazard storage  S-2 Low hazard storage  S-3 Repair garage with no open flames or welding  S-4 Open parking garage  S-5 Aircraft hangar  U Private garage, carport, shed, farm building, fences over 6 ft high, tanks  & towers | **Facility Usage:**  Code Description   |  | | --- | | ACH Admin/Correctional Housing | | ACL Admin/Classroom | | AH Admin/Housing | | ALAB Admin/Lab | | ARM Armory | | AS Assembly/Auditor/Theatre | | BARN Barn Structure | | CAR Carport | | CH Correctional Housing | | CHPL Chapel | | CL Classroom | | CS Comfort Station/Restroom | | CTHS Courthouse | | CUL Culinary / Kitchen | | DK Dog Kennel | | DORM Dormitory | | EOC Emergency Operation Ctr | | FARM Farm Building | | FEE Fee Collection | | FIPO Fire/Police | | FLTR Filter Building | | FS Food Service | | GAR Garage | | GAZ Gazebo | | GEN Generator Building | | GP Garage, parking | | GRHS Greenhouse | | GS Garage, service | | GSHK Guard Shack | | GT Guard Tower | | GYM Gymnasium | | HAT Hatchery | | HIST Historical structure | | HNGR Hanger | | HOUS Housing | | HZST Hazardous Material Storage | | IM Industrial/Manufacturing | | INSP Inspection Station | | IT Information Technology | | **Facility Usage:**  Code Description   |  | | --- | | LAB Lab | | LDY Laundry | | LIB Library | | MAIN Maintenance Building | | MED Medical Offices | | MERC Mercantile | | MH Mobile home/trailer | | MHW Mental Health Ward | | MIP Medical, In-patient | | MISC Miscellaneous | | MOP Medical, Out-patient | | MP Motor Pool | | MPB Multi-Purpose Building | | MUS Museum | | MWH Maintenance/Warehouse | | NURS Nursery | | OFF Office | | OT Observation Tower | | PH Pump House | | PNT Painting Garage | | PP Physical Plant | | RAM Ramada/Shade structure | | REC Recreation Building | | RES Residence | | REST Restoration / Storage | | RG Repair Garage | | RR Rest Room | | SB Sound Booth | | SHED Wood Shed | | SHOP Shop | | SIGN Signage Structure | | STOR Storage | | TENT Canvas Tent Structure | | TWR Tower | | UTIL Utility/Pumphouse/General | | VIS Visitation Area | | VIST Visitor Information Center | | WH Warehouse | | WT Water Tank | | **Exterior Type:**  Brick  Glass and Aluminum  Painted CMU  Painted Stucco / EIFS  Painted Wood Siding  Stone  Wood Shingles / Shakes  Concrete  Precast Concrete  Metal Siding  Vinyl Siding  Masonry  Wood |
| **IBC Construction Type:**  I-A  I-B  II-A  II-B  III-A  III-B  IV  V-A  V-B |

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