

# Colville Confederated Tribes Property Insurance Form

CCT LOC# \_\_\_\_\_ ( ) Add ( ) Delete

Program: \_\_\_\_\_ Phone#: \_\_\_\_\_

Building Address: \_\_\_\_\_ Phone#: \_\_\_\_\_  
\_\_\_\_\_

Year Built: \_\_\_\_\_ Square Footage: \_\_\_\_\_

Construction Type (frame, non-combustible, metal, etc):

( ) Frame ( ) Metal  
( ) Non-Combustible ( ) Other: \_\_\_\_\_

Roof Type (comp, metal, etc)

( ) Comp ( ) Metal  
( ) Other: \_\_\_\_\_

Number of Stories: \_\_\_\_\_

Sprinklers and/or Alarms? Yes No Sprinklers Yes No Alarms

Purpose of Building: \_\_\_\_\_  
\_\_\_\_\_

<u>Amount of Cover Requesting:</u>	<u>Cost Center for Insurance:</u> _____
Building - Limit of Coverage	\$ _____
Contents - Limit of Coverage	\$ _____
Business Income - Limit of Coverage	\$ _____
Artifacts – Limit of Coverage	\$ _____

Does program have an Asset List? Yes or No, if not when will the asset list be completed? \_\_\_\_\_  
Asset List was provided to the Office of Property & Casualty. \_\_\_\_\_ (date)

\_\_\_\_\_  
Date Program Manager Signature

Original: Property & Casualty  
PC: Program