The COPE form is an insurance industry standard form used for reporting newly acquired property. COPE stands for Construction, Occupancy, Protection and Exposures. Coverage can begin when Risk has entered all appropriate information in the Idaho Risk Management Information System. Coverage cannot be back dated. Send completed form to risk@uidaho.edu or fax 885-9490.

Agency: University of Idaho
Unit Name:
New Location Address: City: State: Zip:
Building Name:
Building Number:
Unit Contact Person: Phone Number:

**EXPOSURES**
Replacement Value for Building or Facility*: $ Replacement Value of Contents: $
Replacement Value of Mobile Equipment:$ Replacement Value of Stock/Supplies: $

* If you are adding location, the information below is required before coverage can begin.

**OCCUPANCY**
Occupancy or Purpose of Building or Facility:
- Office Building
- Dormitory
- Parking Structure
- Auditorium
- Classroom
- Warehouse
- Library
- Hospital/Infirmary
Other-Describe:
General Description:

**Special Hazards or Unusual Occupancies:**

<table>
<thead>
<tr>
<th>Choose Type</th>
<th>Indicate Protection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Plant</td>
<td>Adequate</td>
</tr>
<tr>
<td>Chemical Laboratory</td>
<td></td>
</tr>
<tr>
<td>Parking Facilities</td>
<td></td>
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<tr>
<td>Computer Center</td>
<td></td>
</tr>
<tr>
<td>Machine Shop</td>
<td></td>
</tr>
<tr>
<td>Storage</td>
<td></td>
</tr>
<tr>
<td>Describe</td>
<td></td>
</tr>
</tbody>
</table>

**CONSTRUCTION**
Year Built: Number of Stories: Constructed Square Feet: Known Remodels Last 15 Years:

Areas That Would Need Code Remodel, If Damaged:
- Basement Full Partial
- Area:
Construction:
- Fire Resistive
- Noncombustible
- Asbestos in Building, Where?
- Masonry
- Wood Frame
- Other - Describe:
Roof Covering:
- % Asphalt
- % Metal
- % Built-Up
- % Tile
- % Concrete
- % Other - Describe:
Describe any unusual or special construction:

Fire Walls:  □  Horizontal Openings Protected:  □  Soft Stories  □  Ground Floor Glass  □
Adequate Vertical Subdivision:  Yes  □  No  □  Maximum Area Subject to Loss:

Heating System:
□  Electric Baseboard  □  Forced Air - Oil  □  Gas Fired Boiler
□  Forced Air - Gas  □  Oil fired Boiler  □  Other - Describe:
Location:  Age:
Protection Adequate:  □  Yes  □  No  Last Inspection  By Whom

Electrical Wiring:  Circuit Breakers  □  Fuses  □  Age or Date of Last Upgrade:

PROTECTION
Automatic Sprinklers:  ______% of Facility Sprinklered
□  Wet  □  Dry  □  Deluge  □  Preaction  □  None
Indicate areas without sprinklers:

Fire Detection Systems:
□  Water Flow Alarm  □  Heat Alarm  □  Smoke Detectors  □  None
Response to Detection System:
□  Local  □  Fire Department Connected  □  Central Station  □  Other - Describe:

Manual Protection:
Facility Hose Equipment  □
Fire Extinguishers Throughout  □
Stand Pipe  □
Last Fire Marshall Inspection:
Evacuation Plan in Place  Yes  □  No  □
Last Fire Drill:

Fire Hydrants within 250 feet  Yes  □  No  □

Fire Protection Class (Circle):  1  2  3  4  5  6  7  8  9  10

Fire Department:  Paid  □  Volunteer  □

Distance to Nearest Fire Station:

Watch or Guard Service:
Hourly Rounds  □
Outside Patrols  □
Records Kept  □

Describe buildings within 100 Feet.

<table>
<thead>
<tr>
<th>Sprinklers</th>
<th>Construction Type</th>
<th>Occupancy</th>
<th>Wall Openings</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
<tr>
<td>North –</td>
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</tr>
<tr>
<td>South –</td>
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<td>East –</td>
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<tr>
<td>West –</td>
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</tbody>
</table>

To be completed by Risk

Date Received from Unit:  ____________________________  Date Entered into IDRMIS:  ____________________________  Entered by:  ____________________________