APPLICATION FOR BUILDING INSURANCE						
For use of this form, see AR 215-1; the proponent agency is OACSIM						
1. TO: ARMY CENTRAL INSURANCE FUND Family and Morale, Welfare and Recreation Command ATTN: IMWR-FM-I 4700 KING STREET (Summit Centre) ALEXANDRIA, VA 22302-4406			2. FROM: (Activity, installation, and address)			
PART A - ADMINISTRATIVE DATA						
3. STANDARD NAF NUMBER	4. DATE OF RE	QUEST	5.	5. REQUESTED EFFECTIVE DATE		
6. TYPE OF FUND		DESCRIPTION OF ACTIVITY OR ACTIVITIES HOUSED IN THE BUILDING     (Continue in remarks block, if necessary)			BUILDING	
8. BUILDING NO.	9. LOCATION	9. LOCATION				
10. CURRENT REPLACEMENT VALU	JE 11. ACTUAL CAS	11. ACTUAL CASH VALUE		12. NO. OF LANES, IF BOWLING CENTER		
PART B - CONSTRUCTION DATA						
13. TYPE	14. MATERIALS					
PERMANENT TEMPORARY	FRAME QUONSET TY	CONCRETE OTHER (Specify)  MASONRY				
15. NO. OF FLOORS	16. TOTAL FLOOR SPACE (Sq.ft.)		17. YEAR BUILT 18. SPRINKLER SYSTEM INSTALLED  YES NO			
19. FIRE ALARM  YES NO	20. FLUE & HOOD ALARM  YES NO		21. SMOKE DETECTORS   22. AUTOMATIC EXTINGUISHER   YES   NO   NO   NO			
23. DISTANCE TO NEAREST FIRE HYDRANT (In feet)	24. DISTANCE TO NEAREST FIRE STATION (In miles)		25. PERCENTAGE OF FLOOR SPACE OCCUPIED BY THE ACTIVITY IN BLOCK 2.		26. PERCENTAGE OF FLOOR SPACE OCCUPIED BY OTHER TENANTS	
27. CONSTRUCTION FUNDS  APPROPRIATED NONAPPROPRIATED UNIT			28. VALUE OF BUILDING IMPROVEMENTS PAID FROM NONAPPROPRIATED FUNDS			
30. FUND MANAGER OR DESIGNEE (Typed name, title, and telephone number)  31. SIGNATURE						
33. 1 312 No National City Decisione (Typed hame, due, and telephone humber)				IGNATUKE		

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