



**PROPERTY INSURANCE ASSOCIATION OF LOUISIANA**  
**PLEASE DO NOT SUBMIT UNTIL PROPERTY IS READY FOR RATING**

**REQUEST FOR SPECIFIC FIRE RATING**  
**DATE: \_\_\_\_\_**

**PROPERTY LOCATION**

Street & Number: \_\_\_\_\_  
 Community Name: \_\_\_\_\_ Parish: \_\_\_\_\_  
 \*(If rural area or no street number, give directions & distance to known landmark)

**QUALIFICATION FOR SPECIFIC RATING (CLM-DIV 5-RULE 85)**

Basic Group I Class Rates Not Applicable Because Building:

- Is Sprinklered (Sprinklers must cover one entire floor, occupancy of 25% or more of the area.)
- Has Automatic Fire Alarm;  Watchman & Clock;  Other Fire Protection Equipment.  
 ( Explain: \_\_\_\_\_ )
- Is Over 1/3 Masonry Non-Combustible, Modified Fire Resistive or Fire Resistive (Code 4,9,5,6) .(Not applicable to class code buildings: CSP 0074-0323,habitational; CSP 0745-0747,hotels/motels without cooking;CSP 1052,schools,academic;CSP 1150,builders' risk.)
- Has an Ineligible Occupancy. (Describe: \_\_\_\_\_)
- Area is over 15,000 Sq .Ft.( Disregard basements, sub-basements and mezzanines. Disregard area occupied by apartments, including vacant apartments. See rule 85.G.- special rules for exceptions.)

**REASON FOR REQUEST**

- New Specific Rates
  - Building Not Rated;  New Building-Date Bldg. Completed \_\_\_\_\_
  - Tenant Not Rated- Date Occupant Moved Into Bldg. \_\_\_\_\_  
 Former Tenant/Occupancy: \_\_\_\_\_
  - Other: \_\_\_\_\_
- Written Quote Of Existing Rate; File No: \_\_\_\_\_
- New Survey Report  Copy Of Existing Survey Report In File; File No: \_\_\_\_\_

**APPOINTMENT INFORMATION**

Insurance Company: \_\_\_\_\_ Policy No: \_\_\_\_\_  
 Person To Contact At Premises: \_\_\_\_\_ (Name) \_\_\_\_\_ (Telephone)  
 Business Hours: \_\_\_\_\_ to \_\_\_\_\_ Days: \_\_\_\_\_  
 Business Owner: \_\_\_\_\_  
 Tenant Name & Occupancy: \_\_\_\_\_  
 Description: \_\_\_\_\_

**ADDITIONAL COMMENTS:** \_\_\_\_\_

Attached are the current adjusted rates which include all applicable rate adjustments. Attach copy to daily report or endorsement.  
 If we can be of further assistance or you require schedule calculations, contact our Pricing Department.

**IMPORTANT: Rates will be mailed to the address below:**

Telephone No. ( ) \_\_\_\_\_

**FOR PIAL USE ONLY**