APPLICATION FOR BUILDING INSURANCE  For use of this form, see AR 215-1; the proponent agency is OACSIM				
1. TO: ARMY CENTRAL INSURANCE FUND U.S. ARMY COMMUNITY AND FAMILY SUPPORT CENTER ATTN: CFSC-FM-I 4700 KING STREET (Summit Centre) ALEXANDRIA, VA 22302-4406			(Activity, installati	
PART A - ADMINISTRATIVE DATA				
3. STANDARD NAF NUMBER 4. DATE OF REQUE		5. REQUESTED EFFECTIVE DATE		
6. TYPE OF FUND	7. DESCRIPTION OF ACTIVITY OR ACTIVITY (Continue in remarks block, if necessary)		TIES HOUSED IN THE	BUILDING
8. BUILDING NO. 9. LOCATION				
10. CURRENT REPLACEMENT VALUE	11. ACTUAL CASH VALUE	12. NO. OF LANES, IF BOWLING		IF BOWLING CENTER
PART B - CONSTRUCTION DATA				
13. TYPE 14.	MATERIALS			
PERMANENT TEMPORARY	FRAME CONCRETE OTHER (Specify)  QUONSET TYPE MASONRY			
	TOTAL FLOOR SPACE (SQ.ft.) 1		YES	R SYSTEM INSTALLED  NO
19. FIRE ALARM 20.	20. FLUE & HOOD ALARM 21. SMOKE DET			22. AUTOMATIC EXTINGUISHER  YES NO
23. DISTANCE TO NEAREST FIRE HYDRANT (In feet)	4. 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  28. VALUE OF BUILDING IMPROVEMENTS PAID FROM NONAPPROPRIATED FUNDS  APPROPRIATED UNKNOWN				
29. REMARKS  30. FUND MANAGER OR DESIGNEE (Typ	ed name, title, and telephone number)	3	11. SIGNATURE	
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