



State of Oklahoma  
Office of Management and Enterprise Services  
Division of Capital Assets Management  
Risk Management Department

Summary Sheet for Insured  
Structures/Buildings

DCAM-RISK MGMT P.O. BOX 53364

OKLAHOMA CITY, OKLAHOMA 73152

TEL: 405/521-4999, FAX: 405/522-0403

**IMPORTANT**

1. Is this the first time you have reported this building to Risk Management? ☐ Yes ☐ No  
Is this an update or change to a building you have previously reported to Risk Management? ☐ Yes ☐ No
2. Management? ☐ Yes ☐ No
3. If this is an update, **provide Risk Management's Generic Building Number:** \_\_\_\_\_

**COMPLETE THE FOLLOWING**

Agency:	_____	Agency #:	_____
Structure / Building Name:	_____		
Physical Location (Address):	_____		
Owned by:	_____	County:	_____
Type of Security:	_____	Date of Construction:	_____
Total # of Square Feet:	_____	# of Floors:	_____
Type of Air Conditioner:	_____	Sprinkler System:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Construction:	_____	Type of Heating System:	_____
Date Last Roof Was Installed:	_____	Type of Roof:	_____
Heat or Smoke Detection:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof Maintenance Program:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire Extinguisher:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fire Hydrants:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Functional Use:	_____		
Special Comments and/or Instructions for Insurance:	_____		

**YOU MUST COMPLETE THIS SECTION TO ASSURE COVERAGE**

<b>STRUCTURE/BLDG. REPLACEMENT VALUE:</b>	\$ _____
<b>CONTENTS REPLACEMENT VALUE:</b>	\$ _____
<b>COMPUTERS REPLACEMENT VALUE:</b>	\$ _____
<b>OTHER REPLACEMENT VALUE:</b>	\$ _____

Form Completed By:	_____	Date:	_____
	Name and Title		