



**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: _____ Sprinkler System: Yes No

Type of Air Conditioner: _____ Type of Heating System: _____

Type of Construction: _____ Type of Roof: _____

Date Last Roof Was Installed: _____ Roof Maintenance Program: Yes No

Heat or Smoke Detection: Yes No Fire Extinguisher: Yes No Fire Hydrants: Yes No

Functional Use: _____

Special Comments and/or Instructions for Insurance: _____

YOU MUST COMPLETE THIS SECTION TO ASSURE COVERAGE

STRUCTURE/BLDG. REPLACEMENT VALUE: \$ _____

CONTENTS REPLACEMENT VALUE: \$ _____

COMPUTERS REPLACEMENT VALUE: \$ _____

OTHER REPLACEMENT VALUE: \$ _____

Form Completed By: _____ Date: _____

Name and Title