



RISK MANAGEMENT
**SUMMARY SHEET FOR STRUCTURES
OCCUPIED OR USED BUT NOT OWNED BY AGENCY**
RISK, ASSESSMENT AND COMPLIANCE

Fax or email the completed form to OMES Risk Management at 405-522-4442 or srm.underwriting@omes.ok.gov.

GENERAL INFORMATION

Agency name		Agency #
Leased/occupied structure's name	Physical address	
Structure owned by	Structure insured by	
County	Square feet used/leased by agency	Type of security

QUESTIONS

1. Is this the first time you have reported this building to OMES Risk Management?		<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Check if applicable: <input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Update current location/leased space		Risk Management's generic building number
3. What is the agency's primary use for this space (storage, office, training, etc.)?		
4. How many agency staff are assigned to this location?		
5. Sprinkler system	<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Fire hydrants <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Heat or smoke detectors	<input type="checkbox"/> Yes <input type="checkbox"/> No	8. Fire extinguisher <input type="checkbox"/> Yes <input type="checkbox"/> No
9. What is the structure's functional use?		
10. How often is maintenance of the structure performed?		

ADDITIONAL INFORMATION

Special comments or instructions for insurance

REPLACEMENT VALUES (must complete to assure coverage)

Contents replacement value	
Computers replacement value	
Other replacement value	
TOTAL	

FORM COMPLETED BY

Name	Title	Date
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