



Fax or email the completed form to OMES Risk Management at 405-522-4443 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	Total square feet:	Type of security
	Total vacant square feet:	

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. Property condition: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Marginal <input type="checkbox"/> Poor <input type="checkbox"/> Dilapidated		
6. Listed on National Register of Historic Places? <input type="checkbox"/> Yes <input type="checkbox"/> No		7. Property is of potential historic significance. <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Listed with National Trust for Historic Preservation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
9. Sprinkler system <input type="checkbox"/> Yes <input type="checkbox"/> No		10. Fire hydrants <input type="checkbox"/> Yes <input type="checkbox"/> No
11. Heat or smoke detectors <input type="checkbox"/> Yes <input type="checkbox"/> No		12. Fire extinguisher <input type="checkbox"/> Yes <input type="checkbox"/> No
13. Type of air conditioner:		14. Type of heating system:
15. Type of construction:		16. Type of roof:
17. Date last roof was installed:		18. Roof maintenance program <input type="checkbox"/> Yes <input type="checkbox"/> No
19. What is the structure's functional use?		
20. How often is maintenance of the structure performed?		

ADDITIONAL INFORMATION

Special comments or instructions for insurance

REPLACEMENT VALUES (must complete to assure coverage)

Structure/building replacement value	
Contents replacement value	
Computers replacement value	
Other replacement value	
TOTAL	

FORM COMPLETED BY

Name	Title	Date
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