



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? ☐ Yes ☐ No	
2. Check if applicable: ☐ Add ☐ Delete ☐ 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: ☐ Excellent ☐ Good ☐ Adequate ☐ Marginal ☐ Poor ☐ Dilapidated	
6. Listed on National Register of Historic Places? ☐ Yes ☐ No	7. Property is of potential historic significance. ☐ Yes ☐ No
8. Listed with National Trust for Historic Preservation? ☐ Yes ☐ No	
9. Sprinkler system ☐ Yes ☐ No	10. Fire hydrants ☐ Yes ☐ No
11. Heat or smoke detectors ☐ Yes ☐ No	12. Fire extinguisher ☐ Yes ☐ 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 ☐ Yes ☐ 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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