



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

**Summary Sheet for Structures  
Occupied or Used by An Agency,  
but Not Owned by the Agency**

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

**COMPLETE THE FOLLOWING**

Agency: \_\_\_\_\_ Agency Number: \_\_\_\_\_

Leased/Occupied Structure's Name: \_\_\_\_\_

Physical Location (Address): \_\_\_\_\_

Structure Owned By: \_\_\_\_\_

Structure Insured By: \_\_\_\_\_

County: \_\_\_\_\_ Type of Security: \_\_\_\_\_

Number of Square Feet Used or Leased by Agency: \_\_\_\_\_

Sprinkler System:  Yes  No

Heat or Smoke Detectors:  Yes  No Fire Extinguisher:  Yes  No

Fire Hydrants:  Yes  No Maintenance of Structure: \_\_\_\_\_

Functional Use: \_\_\_\_\_

**Special Comments and /or Instructions for Insurance:**

  
  

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

**Contents Replacement Value: \$** \_\_\_\_\_

**Computer Replacement Value: \$** \_\_\_\_\_

**Other Replacement Value: \$** \_\_\_\_\_

Form Completed By: \_\_\_\_\_ Name and Title  
Date: \_\_\_\_\_