



CAM-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 No. _____

Structure/Building Name _____

Physical location (address) _____

Owned by _____ County _____

Type of security _____ Date of construction _____

Total no. of square feet _____ No. 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 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