STRUCTURES OCCUPIED OR USED BY AN AGENCY, BUT NOT OWNED BY THE AGENCY

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 or space you have previously reported?  □ 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, Mile Marker, etc.): ___________________________________
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 Provided By: _________________________________________
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: __________________________________________
DATE: ________________