



Fire Department Insurance Program

Building Coverage

- Add Building Change to Existing Building Delete Existing Building

BUILDING INFORMATION:

Fire Department Name: _____
 Building Street Address: _____ City: _____ County: _____ Zip Code: _____
 Name of Building (i.e. *Station 1, Training Center, etc.*): _____
 Year Constructed: _____ Original Sq. Footage: _____ Addition Sq. Footage: _____ Total Sq. Footage: _____
 Lien Holder? No, Yes - the bank's name & address: _____
 Who owns this building? _____

CONSTRUCTION INFORMATION:

Roof Design:	Floor:	Roof Construction:	Roof Covering:	Wall Construction:
<input type="checkbox"/> Flat	<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Wood	<input type="checkbox"/> Composition Shingle	<input type="checkbox"/> Wood
<input type="checkbox"/> Sloped	<input type="checkbox"/> Tile	<input type="checkbox"/> Metal	<input type="checkbox"/> Wood Shingle	<input type="checkbox"/> Metal
<input type="checkbox"/> Pitched	<input type="checkbox"/> Carpet	<input type="checkbox"/> Concrete	<input type="checkbox"/> Metal	<input type="checkbox"/> Masonry
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

FIRE PROTECTION:

Hydrants within 500 feet:	Heat/Smoke Detection:	Automatic Sprinklers:	How many days a week is this station occupied by fire department personnel? (indicate one)
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	_____ Days
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> Full time 24/7

LIST THE REPLACEMENT COST OF THE OWNED PROPERTY THAT YOU WISH TO COVER:

Building: \$ _____ Contents (*note any unusual or high dollar item(s) and value*): _____
 Contents: \$ _____
 Computer: \$ _____
 Other: \$ _____ Other breakdown (*i.e. radio tower, shed, etc*) List item(s) and value: _____
 Total: \$ _____

AUTHORIZATION:

By signing this form, I am attesting that the building and contents are owned by the Fire Department, City or County, and are used by the fire department to perform their mission in the community. No personally owned property can be insured through this program. I understand that the Fire Departments must provide documentation of ownership on the building and contents during a claims process by supplying proof of purchase, pictures, etc.

Signature _____ Date _____ Printed Name of Signer _____ Title of Signer _____

Contact Person (please print): _____ Contact Person Title: _____

Email Address: _____ Daytime Phone Number: _____

Return to: RISK MANAGEMENT, P. O. BOX 53364, OKLAHOMA CITY, OK 73152-3364
 FAX: (405) 522-0403 or Email: fdip@omes.ok.gov
 Contact Phone: (405) 521-4999 or (888) 521-7475