

New Building Form Office of Risk Management

NOTE	INSURANCE ON THE BUILDING STRUCTURE WILL NOT BE IN PLACE UNTIL THIS FORM IS RECEIVED BY ORM. ONLY USE THIS FORM IF THE PHYSICAL STRUCTURE OF THE BUILDING IS TO BE COVERED BY INSURANCE. BUILDINGS NEEDING COVERAGE FOR MOVABLE PROPERTY (CONTENTS) ONLY ARE TO BE REPORTED ON THE UND-1 FORM. PLEASE CONTACT ORM AT (225) 342-8469 IF YOU HAVE ANY QUESTIONS.				
AGENCY REQUESTING CHANGE		AGENCY ISIS CODE		LA GOV FUND	
AUTHORIZED BY		DATE		LA GOV FUND CENTER	
CONTACT NAME		PHONE NUMBER		LA GOV BUSINESS AREA	
WAS THIS CONSTRUCTION FINANCED BY REVENUE BONDS AND/OR A PART OF A COOPERATIVE ENDEAVOR AGREEMENT?				<input type="checkbox"/> YES	<input type="checkbox"/> NO
REASON (PLEASE CHECK ONE)	<input type="checkbox"/> NEW BUILDING PURCHASED/DONATED <input type="checkbox"/> NEW BUILDING CONSTRUCTED <input type="checkbox"/> AGENCY TO AGENCY TRANSFER <input type="checkbox"/> NEW BUILDING UNDER CONSTRUCTION –PARTIALLY OCCUPIED <input type="checkbox"/> OTHER _____			<input type="checkbox"/> OBJECT – VALUE OF OBJECT _____	
	BUILDING DATA				
STATE AGENCY NAME					
ORM LOCATION CODE					
BUILDING NAME					
STREET ADDRESS (NOT P. O. BOX – MUST BE PHYSICAL ADDRESS)					
CITY, STATE, ZIPCODE					
DETAILS (INCLUDE DATE OF TRANSACTION, ETC.)					
NOTE	WHEN ADDING BUILDING STRUCTURES YOU MUST ATTACH A COPY OF PERTINENT DOCUMENTATION (BILL OF SALE, TITLE TRANSFER, ACT OF DONATION, DEED, ETC.)				
RETURN COMPLETED FORM TO	THE OFFICE OF RISK MANAGEMENT – UNDERWRITING SECTION, POST OFFICE BOX 91106, BATON ROUGE, LOUISIANA 70821-9106				

UND-4.1

Revised 11/2014

FOR ORM USE ONLY		
DATE SHELL CREATED		<input type="checkbox"/> BLDG RELEASED
LEGACY BLDG ID		<input type="checkbox"/> FUNCTIONAL LOCATION CREATED
PS NUMBER		<input type="checkbox"/> FUNCTIONAL LOCATION ASSIGNED
RS NUMBER		BUILDING NO.: