

## New Building, Contents and Other Insured Property Reporting Form Office of Risk Management

**NOTE**

**INSURANCE ON THE BUILDING STRUCTURE WILL NOT BE IN PLACE UNTIL THIS FORM IS RECEIVED BY ORM. USE THIS FORM IF THE PHYSICAL STRUCTURE OF THE BUILDING IS TO BE COVERED BY INSURANCE. BUILDINGS NEEDING COVERAGE FOR MOVABLE PROPERTY (CONTENTS AND OTHER CATEGORIES OF INSURED PROPERTY) ONLY ARE ALSO TO BE REPORTED ON THIS FORM. PLEASE CONTACT ORM AT (225) 342-8469 IF YOU HAVE ANY QUESTIONS.**

AGENCY REQUESTING CHANGE		AGENCY ISIS CODE		ORM LOCATION CODE	
CONTACT NAME		DATE		LA GOV FUND	
EMAIL ADDRESS		PHONE NUMBER		LA GOV FUND CENTER	
WAS THIS CONSTRUCTION FINANCED BY REVENUE BONDS AND/OR A PART OF A COOPERATIVE ENDEAVOR AGREEMENT?			<input type="checkbox"/> YES <input type="checkbox"/> NO		LA GOV BUSINESS AREA
IF THIS IS A LEASED SPACE, IS IT PROCESSED THROUGH FACILITY PLANNING AND CONTROL?			<input type="checkbox"/> YES <input type="checkbox"/> NO		SITE CODE (BUSINESS ENTITY) / BLDG #
REASON (PLEASE CHECK ONE)	<input type="checkbox"/> NEW BUILDING PURCHASED/DONATED <input type="checkbox"/> NEW BUILDING CONSTRUCTED / UNDER CONSTRUCTION		<input type="checkbox"/> OBJECT - VALUE OF OBJECT _____ (MUST INCLUDE VALUE) <input type="checkbox"/> OTHER _____		

### BUILDING DATA

BUILDING NAME		SITE CODE / BUILDING #	
STREET ADDRESS (NOT P. O. BOX - MUST BE PHYSICAL ADDRESS)		TOTAL SQ. FT. OCCUPIED	
CITY, STATE, ZIPCODE		OWNER OF BUILDING IF STATE OWNED, INDICATE WHICH STATE AGENCY	
DETAILS (INCLUDE DATE OF TRANSACTION, ETC.)		ARE YOUR AGENCY'S EMPLOYEES LOCATED AT THIS BUILDING?	<input type="checkbox"/> YES <input type="checkbox"/> NO

NOTE	WHEN ADDING BUILDING STRUCTURES YOU MUST ATTACH A COPY OF PERTINENT DOCUMENTATION (BILL OF SALE, TITLE TRANSFER, ACT OF DONATION, DEED, ETC.)
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### CATEGORIES OF CONTENTS AND OTHER INSURED PROPERTY

GENERAL CONTENTS	
COMPUTER EQUIPMENT	MOBILE EQUIPMENT
FINE ARTS	FENCES
MEDICAL EQUIPMENT	SIGNS
LIVESTOCK	OTHER OUTDOOR PROPERTY
MOBILE STRUCTURES	LPFA/3 <sup>RD</sup> PARTY FINANCING
BOATS (<26 FT)	BUSINESS INCOME

**RETURN COMPLETED FORM TO THE OFFICE OF RISK MANAGEMENT - UNDERWRITING SECTION, POST OFFICE BOX 91106, BATON ROUGE, LOUISIANA 70821-9106**

UND-4.1  
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FOR ORM USE ONLY					
DATE SHELL CREATED		BUILDING NO:	PS NUMBER:	<input type="checkbox"/> FUNCTIONAL LOCATION CREATED	<input type="checkbox"/> SETTLEMENT RULE CREATED
LEGACY BLDG ID		<input type="checkbox"/> BLDG RELEASED	RS NUMBER:	<input type="checkbox"/> FUNCTIONAL LOCATION ASSIGNED	