



Office of Risk Management

Date

KEY CONTACT INFORMATION QUESTIONNAIRE

[Empty box for date entry]

Agency Name

ORM Agency Location Number(s)

Agency's Physical Address

Management Contact –Head of dept., agency, board, commission, or rep. that will receive Insurance Information Notices & other correspondence.

Name (Indicate Mr., Mrs., Dr.) Job title E-mail Address

Telephone Number Subscribed to Messenger mail through Office of State Mail? Mailing Address for Contact (Messenger physical address, if applicable) Yes No

Budget Contact – Person to receive insurance premium invoices.

Name (Indicate Mr., Mrs., Dr.) Job title E-mail Address

Telephone Number Subscribed to Messenger mail through Office of State Mail? Mailing Address for Contact (Messenger physical address, if applicable) Yes No

Property Exposure Report Contact – Person to receive and update the property exposure reports bi-annually. (Building and Contents)

Name (Indicate Mr., Mrs., Dr.) Job title E-mail Address

Telephone Number Subscribed to Messenger mail through Office of State Mail? Mailing Address for Contact (Messenger physical address, if applicable) Yes No



