



Office of Risk Management

Date**KEY CONTACT INFORMATION QUESTIONNAIRE**

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

Facility Manager – Person that handles building maintenance, boiler & mechanical elements. Leave blank for leased or unowned buildings.

Name (Indicate Mr., Mrs., Dr.)	Job title	E-mail Address
Telephone Number	Subscribed to Messenger mail through Office of State Mail? Yes No	Mailing Address for Contact (Messenger physical address, if applicable)

Property Claims Representative - Requires access to smart-ly. Be sure you have a user name & password for this system with ORM's TPA Sedgwick.

Name (Indicate Mr., Mrs., Dr.)	Job title	E-mail Address
Telephone Number	Subscribed to Messenger mail through Office of State Mail? Yes No	Mailing Address for Contact (Provide messenger physical address, if applicable)

Liability Claims Representative: Requires access to smart-ly. Be sure you have a user name & password for this system with ORM's TPA Sedgwick

Name (Indicate Mr., Mrs., Dr.)	Job title	E-mail Address
Telephone Number	Subscribed to Messenger mail through Office of State Mail? Yes No	Mailing Address for Contact (Provide messenger physical address, if applicable)

Workers' Compensation Representative - Requires access to smart-ly. Be sure you have a user name & password for this system with ORM's TPA Sedgwick

Name (Indicate Mr., Mrs., Dr.)	Job title	E-mail Address
Telephone Number	Subscribed to Messenger mail through Office of State Mail? Yes No	Mailing Address for Contact (Provide messenger physical address, if applicable)

IT Security Officer

Name (Indicate Mr., Mrs., Dr.)	Job title	E-mail Address
Telephone Number	Subscribed to Messenger mail through Office of State Mail? Yes No	Mailing Address for Contact (Provide messenger physical address, if applicable)

Legal Contact

Name (Indicate Mr., Mrs., Dr.)	Job title	E-mail Address
Telephone Number	Subscribed to Messenger mail through Office of State Mail? Yes No	Mailing Address for Contact (Provide messenger physical address, if applicable)

Please save this completed Document in PDF format and return to the Office of Risk Management Via E-mail to Christine.Ammons2@la.gov.