

KEY CONTACT INFORMATION QUESTIONNAIRE

Agency Name:

ORM Agency Location Number:

Date:

Management Contact – Manager who is the head of your department, agency, board or commission, or their representative. This person will receive documents, such as Insurance Information Notices and other general correspondence.

Yes No

Subscribe to Messenger Mail thru Office of State Mail Operations

Name

(Indicate Mr., Ms., Mrs., Dr.)

Job Title

Telephone No.

Mailing Address

(Provide messenger address, if applicable)

Fax No.

City, State, Postal Code

Email Address

Budget Contact– Person to receive insurance premium invoices.

Yes No

Subscribe to Messenger Mail thru Office of State Mail Operations

Name

(Indicate Mr., Ms., Mrs., Dr.)

Job Title

Telephone No.

Mailing Address

(Provide messenger address, if applicable)

Fax No.

City, State, Postal Code

Email Address

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

Yes No

Subscribe to Messenger Mail thru Office of State Mail Operations

Name

(Indicate Mr., Ms., Mrs., Dr.)

Job Title

Telephone No.

Mailing Address

(Provide messenger address, if applicable)

Fax No.

City, State, Postal Code

Email Address

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ORM Agency Location Number:

Date:

Elevator/Escalator Contact – Person to receive elevator/escalator inspection reports.

Name
(Indicate Mr., Ms., Mrs., Dr.)

Yes No
Subscribe to Messenger Mail thru Office of State Mail Operations

Job Title

Telephone No.

Mailing Address
(Provide messenger address, if applicable)

Fax No.

City, State, Postal Code

Email Address

Quarterly Online Exposure Contact – Person to receive and update the quarterly online exposure report.

Name
(Indicate Mr., Ms., Mrs., Dr.)

Yes No
Subscribe to Messenger Mail thru Office of State Mail Operations

Job Title

Telephone No.

Mailing Address
(Provide messenger address, if applicable)

Fax No.

City, State, Postal Code

Email Address

Agency Name:

ORM Agency Location Number:

Property Claims Representative:

<p style="text-align: center;">Name <i>(Indicate Mr., Ms., Mrs., Dr.)</i></p>	<p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No Subscribe to Messenger Mail thru Office of State Mail Operations</p>
<p style="text-align: center;">Job Title</p>	<p style="text-align: center;">Telephone No.</p>
<p style="text-align: center;">Mailing Address <i>(Provide messenger address, if applicable)</i></p>	<p style="text-align: center;">Fax No.</p>
<p style="text-align: center;">City, State, Postal Code</p>	<p style="text-align: center;">Email Address</p>

Liability Claims Representative:

<p style="text-align: center;">Name <i>(Indicate Mr., Ms., Mrs., Dr.)</i></p>	<p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No Subscribe to Messenger Mail thru Office of State Mail Operations</p>
<p style="text-align: center;">Job Title</p>	<p style="text-align: center;">Telephone No.</p>
<p style="text-align: center;">Mailing Address <i>(Provide messenger address, if applicable)</i></p>	<p style="text-align: center;">Fax No.</p>
<p style="text-align: center;">City, State, Postal Code</p>	<p style="text-align: center;">Email Address</p>

Workers' Compensation Representative:

<p style="text-align: center;">Name <i>(Indicate Mr., Ms., Mrs., Dr.)</i></p>	<p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No Subscribe to Messenger Mail thru Office of State Mail Operations</p>
<p style="text-align: center;">Job Title</p>	<p style="text-align: center;">Telephone No.</p>
<p style="text-align: center;">Mailing Address <i>(Provide messenger address, if applicable)</i></p>	<p style="text-align: center;">Fax No.</p>
<p style="text-align: center;">City, State, Postal Code</p>	<p style="text-align: center;">Email Address</p>