



Office of Risk Management

KEY CONTACT INFORMATION QUESTIONNAIRE

Agency Name

Date

ORM Agency Location Number

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.

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

Job title

Telephone Number

Fax Number

E-mail Address

Mailing Address (Provide messenger physical address, if applicable)

Subscribe to Messenger mail through Office of State Mail Operations

Yes

No

Budget Contact– Person to receive insurance premium invoices.

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

Job title

Telephone Number

Fax Number

E-mail Address

Mailing Address (Provide messenger physical address, if applicable)

Subscribe to Messenger mail through Office of State Mail Operations

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

Telephone Number

Fax Number

E-mail Address

Mailing Address (Provide messenger physical address, if applicable)

Subscribe to Messenger mail through Office of State Mail Operations

Yes

No

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

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

Job title

Telephone Number

Fax Number

E-mail Address

Mailing Address (Provide messenger physical address, if applicable)

Subscribe to Messenger mail through Office of State Mail Operations

Yes

No

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

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

Job title

Telephone Number

Fax Number

E-mail Address

Mailing Address (Provide messenger physical address, if applicable)

Subscribe to Messenger mail through Office of State Mail Operations

Yes

No

Property Claims Representative:

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

Job title

Telephone Number

Fax Number

E-mail Address

Mailing Address (Provide messenger physical address, if applicable)

Subscribe to Messenger mail through Office of State Mail Operations

Yes

No

Liability Claims Representative:

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

Job title

Telephone Number

Fax Number

E-mail Address

Mailing Address (Provide messenger physical address, if applicable)

Subscribe to Messenger mail through Office of State Mail Operations

Yes

No

Workers' Compensation Representative:

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

Job title

Telephone Number

Fax Number

E-mail Address

Mailing Address (Provide messenger physical address, if applicable)

Subscribe to Messenger mail through Office of State Mail Operations

Yes

No

Legal Contact:

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

Job title

Telephone Number

Fax Number

E-mail Address

Mailing Address (Provide messenger physical address, if applicable)

Subscribe to Messenger mail through Office of State Mail Operations

Yes

No

IT Security Officer:

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

Job title

Telephone Number

Fax Number

E-mail Address

Mailing Address (Provide messenger physical address, if applicable)

Subscribe to Messenger mail through Office of State Mail Operations

Yes

No

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