



Office of Risk Management

KEY CONTACT INFORMATION QUESTIONNAIRE

Agency Name

Date

ORM Agency Location Number

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**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 (Greater Baton Rouge Area)

Yes

No

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**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 (Greater Baton Rouge Area)

Yes

No

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**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 (Greater Baton Rouge Area)

Yes

No

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**IT Security Officer** – Chief Information Officer (CIO), Chief Information Security Officer (CISO), or other individual responsible for the management and security of the Agency’s computer network. This person will receive documents, such as Insurance Information Notices, cyber liability renewal applications 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 (Greater Baton Rouge Area)

Yes

No

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**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 (Greater Baton Rouge Area)

Yes

No

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**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 (Greater Baton Rouge Area)

Yes

No

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**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 (Greater Baton Rouge Area)

Yes

No

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**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 (Greater Baton Rouge Area)

Yes

No

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**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 (Greater Baton Rouge Area)

Yes

No

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**(Please only complete this section if you have an elevator in your building that your agency is responsible for. If you have any questions regarding this, please contact Brett Beoubay at 225-342-8532)**

**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 (Greater Baton Rouge Area)

Yes

No

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