

**New Building, Contents and Other Insured Property Reporting Form  
Office of Risk Management**

**NOTE**

**INSURANCE ON THE BUILDING STRUCTURE WILL NOT BE IN PLACE UNTIL THIS FORM IS RECEIVED BY ORM. USE THIS FORM IF THE PHYSICAL STRUCTURE OF THE BUILDING IS TO BE COVERED BY INSURANCE. BUILDINGS NEEDING COVERAGE FOR MOVABLE PROPERTY (CONTENTS AND OTHER CATEGORIES OF INSURED PROPERTY) ONLY ARE ALSO TO BE REPORTED ON THIS FORM. PLEASE CONTACT ORM AT (225) 342-8469 IF YOU HAVE ANY QUESTIONS.**

<b>AGENCY REQUESTING CHANGE</b>		<b>AGENCY ISIS CODE</b>	<b>ORM LOCATION CODE</b>
<b>CONTACT NAME</b>	<b>DATE</b>	<b>LA GOV FUND</b>	
<b>EMAIL ADDRESS</b>	<b>PHONE NUMBER</b>	<b>LA GOV FUND CENTER</b>	
<b>WAS THIS CONSTRUCTION FINANCED BY REVENUE BONDS AND/OR A PART OF A COOPERATIVE ENDEAVOR AGREEMENT?</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>LA GOV BUSINESS AREA</b>
<b>IF THIS IS A LEASED SPACE, IS IT PROCESSED THROUGH FACILITY PLANNING AND CONTROL?</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>SITE CODE (BUSINESS ENTITY) / BLDG #</b>
<b>REASON (PLEASE CHECK ONE)</b>	<input type="checkbox"/> NEW BUILDING PURCHASED/DONATED <input type="checkbox"/> NEW BUILDING CONSTRUCTED / UNDER CONSTRUCTION	<input type="checkbox"/> OBJECT – VALUE OF OBJECT _____ (MUST INCLUDE VALUE) <input type="checkbox"/> OTHER _____	

**BUILDING DATA**

<b>BUILDING NAME</b>	<b>SITE CODE / BUILDING #</b>
<b>STREET ADDRESS (NOT P. O. BOX – MUST BE PHYSICAL ADDRESS)</b>	<b>TOTAL SQ. FT. OCCUPIED</b>
<b>CITY, STATE, ZIPCODE</b>	<b>OWNER OF BUILDING IF STATE OWNED, INDICATE WHICH STATE AGENCY</b>
<b>DETAILS (INCLUDE DATE OF TRANSACTION, ETC.)</b>	

<b>NOTE</b>	<b>WHEN ADDING BUILDING STRUCTURES YOU MUST ATTACH A COPY OF PERTINENT DOCUMENTATION (BILL OF SALE, TITLE TRANSFER, ACT OF DONATION, DEED, ETC.)</b>
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**CATEGORIES OF CONTENTS AND OTHER INSURED PROPERTY**

<b>GENERAL CONTENTS</b>	
<b>COMPUTER EQUIPMENT</b>	<b>MOBILE EQUIPMENT</b>
<b>FINE ARTS</b>	<b>FENCES</b>
<b>MEDICAL EQUIPMENT</b>	<b>SIGNS</b>
<b>LIVESTOCK</b>	<b>OTHER OUTDOOR PROPERTY</b>
<b>MOBILE STRUCTURES</b>	<b>LPFA/3<sup>RD</sup> PARTY FINANCING</b>
<b>BOATS (&lt;26 FT)</b>	<b>BUSINESS INCOME</b>

**RETURN COMPLETED FORM TO THE OFFICE OF RISK MANAGEMENT – UNDERWRITING SECTION, POST OFFICE BOX 91106, BATON ROUGE, LOUISIANA 70821-9106**

**FOR ORM USE ONLY**

<b>DATE SHELL CREATED</b>	<b>PS NUMBER</b>	<input type="checkbox"/> BLDG RELEASED	<input type="checkbox"/> FUNCTIONAL LOCATION CREATED
<b>LEGACY BLDG ID</b>	<b>RS NUMBER</b>	<b>BUILDING NO.:</b>	<input type="checkbox"/> FUNCTIONAL LOCATION ASSIGNED

UND-4.1

Revised 02/2018