



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

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

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

Yes

No

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**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

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**Quarterly Online Exposure Contact** – Person to receive and update the quarterly online exposure report. (This individual reports employee counts, mileage, medical malpractice exposures, cash on hand, etc.)

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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**Quarterly Online Exposure Contact (Back-up):** See above for description of role.

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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**Property Claims Representative:** (Claims reporting requires access to smart-ly. Please ensure you have a user name and password for this system with ORM's TPA Sedgwick.)

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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**Liability Claims Representative:** (Claims reporting requires access to smart-ly. Please ensure you have a user name and password for this system with ORM's TPA Sedgwick.)

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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**Workers' Compensation Representative:** (Claims reporting requires access to smart-ly. Please ensure you have a user name and password for this system with ORM's TPA Sedgwick.)

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

**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

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