



Risk Management Services Contact List Information Form

In order to receive critical communications from Risk Management Services, kindly complete the attached form and submit it to Nyota.Reed@doas.ga.gov.

Name:	Job Title:
Agency:	Agency Address:
Phone Number:	Email Address:
Supervisor's Name:	Supervisor's Phone Number:
Supervisor's Signature:	

Note: Please check all lists that you require access to.

All Risk Certificate (SPAR): <input type="checkbox"/>
Auto Physical Damage (APD): <input type="checkbox"/>
Auto Liability: <input type="checkbox"/>
Billing: <input type="checkbox"/>
BLLIP: <input type="checkbox"/>
Certificate of Insurance/Extranet Portal: <input type="checkbox"/>
CFO: <input type="checkbox"/>
Human Resources Director: <input type="checkbox"/>
General Liability: <input type="checkbox"/>
Loss Control Bulletin <input type="checkbox"/>
IRM - claim information: <input type="checkbox"/>
PR/Building & Contents: <input type="checkbox"/>
Workers Comp: <input type="checkbox"/>

Please let us know who and if you are replacing someone else that is no longer representing your agency.

--