OKLAHOMA
Office of Management
& Enterprise Services

OMES RISK MANAGEMENT CONTACT NOTIFICATION FORM

Add ☐ OR **Remove** ☐ OR **Replace** ______________________________

Agency name ____ Agency number _____________

Employee name ____

Mailing address ____

City _________________________________ State _____________ Zip ________________________

Phone ______________________________ Email ____

Contact type:

_________ Invoices _________ Surveys _________ Risk coordinator (claims)

_________ Workers' compensation _________ D&O _______ Safety

Add ☐ OR **Remove** ☐ OR **Replace** ______________________________

Agency name ____ Agency number _____________

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Phone ______________________________ Email ____

Contact type:

_________ Invoices _________ Surveys _________ Risk coordinator (claims)

_________ Workers' compensation _________ D&O _______ Safety

INVOICES – refers to invoices for insurance premiums due, such as APD or Property.	**WORKERS' COMPENSATION** – contacts for Workers' Comp activity, billing, or any questions regarding claims.
SURVEYS – refers to questionnaires we send out for information on the different types of coverage you have. Most surveys will now be online. We need one email address for **all** surveys.	**D&O** – claims that have had legal action taken or potential litigation risk.
RISK COORDINATOR – contact for anything related to Risk Management.	**SAFETY** – Contact for loss prevention activities at the agency.