



**State of Louisiana**  
Louisiana Department of Health  
Office of Management and Finance

**ACKNOWLEDGMENT**

I \_\_\_\_\_ hereby acknowledge that I have reviewed my agency's  
(Assistant Secretary/Executive Director Name, and Agency)  
Semi-Annual Division of Administration - Office of Risk Management (DOA/ORM) Exposure Report  
and approve \_\_\_\_\_ to submit the ORM Exposure Report. I fully  
(Name of Person who Completed)  
understand that this report assists the DOA/ORM in determining insurance coverage for categories  
which includes buildings, lands, consumable property, and movable property.

By signing below I certify that all information provided on this ORM Property Exposure report is true and accurate.

**Print Name** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

LDH Agency/ Facility Property Manager

**Print Name** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Assistant Secretary/Executive Director Name, and Agency

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