

< TO BE PUT ON OFFICIAL AGENCY LETTERHEAD >

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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