



Member Contact Information

If you designate more than one contact for the applicable roles below, the first contact will receive correspondence via postal mail. The secondary will be copied on all email correspondence.

CIRSA Member Information

MEMBER NAME: _____	MAIN PHONE: _____
MAIN FAX: _____	WEBSITE: _____
MAILING ADDRESS: _____ _____	PHYSICAL ADDRESS: _____ _____

Manager/Clerk

Municipal Manager/Administrator

NAME: _____
 TITLE: _____
 EMAIL: _____
 PHONE: _____

Municipal Clerk

NAME: _____
 TITLE: _____
 EMAIL: _____
 PHONE: _____

Municipal Attorney

*Receives correspondence from CIRSA's Claims Department and assigned defense counsel on high profile and litigated claims. Provides input on behalf of member for claims which involve complex issues. **One designated contact per member is recommended.** Due to system limitations, only two city/town attorney contacts are permitted.*

NAME: _____	NAME: _____
TITLE: _____	TITLE: _____
EMAIL: _____	EMAIL: _____
PHONE: _____	PHONE: _____

Designated Primary Contact

*Main point of contact for CIRSA correspondence; distributes information to appropriate member staff; maintains member contact information, website users, and system access. **One designated contact per member is recommended.** Due to system limitations, only two primary contacts are permitted.*

NAME: _____	NAME: _____
TITLE: _____	TITLE: _____
EMAIL: _____	EMAIL: _____
PHONE: _____	PHONE: _____

Designated Claims Contact

Receives correspondence from CIRSA's Claims Department and CIRSA-assigned defense counsel; provides input on behalf of member on claims settlement and defense decisions; files claims and accesses claim reports. **One designated PC and one designated WC contact is permitted.**

Property/Casualty (PC) Claims

NAME: _____
TITLE: _____
EMAIL: _____
PHONE: _____

Workers' Compensation (WC) Claims

NAME: _____
TITLE: _____
EMAIL: _____
PHONE: _____

Designated Coverage Contact

Receives annual renewal application and workers' compensation audit (if applicable), interacts with CIRSA's Underwriting department on policy, coverage, and underwriting questions. **One designated PC and one designated WC contact is recommended.** Due to system limitations, only two PC and two WC contacts are permitted.

Property/Casualty (PC) Underwriting

NAME: _____
TITLE: _____
EMAIL: _____
PHONE: _____

NAME: _____
TITLE: _____
EMAIL: _____
PHONE: _____

Workers' Compensation (WC) Underwriting

NAME: _____
TITLE: _____
EMAIL: _____
PHONE: _____

NAME: _____
TITLE: _____
EMAIL: _____
PHONE: _____

Designated Training & Prevention Contact

Receives and distributes risk management and training materials, videos, posters, seminar notices, etc. Interacts with CIRSA's Risk Control Department during property surveys, audits and other risk prevention activities. **One designated contact per member is permitted.**

NAME: _____ EMAIL: _____
TITLE: _____ PHONE: _____

Designated Accounts Payable Contact

Receives all invoices from CIRSA's Finance Department. **One designated contact per member is recommended.** Due to system limitations, only two accounts payable contacts are permitted.

NAME: _____
TITLE: _____
EMAIL: _____
PHONE: _____

NAME: _____
TITLE: _____
EMAIL: _____
PHONE: _____

CIRSA Voters

Receives proposed CIRSA Bylaw amendments and notices of new members seeking CIRSA membership, unless waived. Attends and votes at the General Membership Meeting. Must be an officer or employee of the member.

Voter

NAME: _____

TITLE: _____

EMAIL: _____

PHONE: _____

Alternate Voter

NAME: _____

TITLE: _____

EMAIL: _____

PHONE: _____

Municipal Elected Officials

Receives invitations to public official trainings, Member Appreciation Lunches, General Membership Meeting, and notice of CIRSA's Annual Report. If no email is on file, please leave these fields blank.

NAME: _____ TITLE: _____ EMAIL: _____

NAME: _____ TITLE: _____ EMAIL: _____

NAME: _____ TITLE: _____ EMAIL: _____

NAME: _____ TITLE: _____ EMAIL: _____

NAME: _____ TITLE: _____ EMAIL: _____

NAME: _____ TITLE: _____ EMAIL: _____

NAME: _____ TITLE: _____ EMAIL: _____

NAME: _____ TITLE: _____ EMAIL: _____

NAME: _____ TITLE: _____ EMAIL: _____

NAME: _____ TITLE: _____ EMAIL: _____

Notice of Proposed Members

Section VI.7 in the CIRSA Bylaws requires notices of proposed new members to be sent to each existing member.

Check here if you WANT to receive notice of each proposed new CIRSA member pursuant to section VI.7 of the CIRSA Bylaws.
(If you do not check this box, you are waiving such notice)

Voter Authorization*

Changes to Voter Contacts and Notices of Proposed Members must be approved by signature of the Mayor, Manager, Clerk or equivalent, i.e. Special District President. No other contact changes require a signature.

Signature

Title

Date