

General Information About Your Company

So that PLRB can better serve your company, please provide the following information:

Company/Group Name: _____

Street Address: _____
Street Address City, State Zip Code

Mailing Address: _____
P. O. Box (or "same" if no P. O. Box) City, State Zip Code

Phone: _____ Fax: _____

• **Principal Contact:** _____ Phone: _____

Title: _____ E-Mail: _____

(**Note:** This person will coordinate distribution of PLRB materials and services, receive bulletins and announcements, and make decisions on other association matters.)

• **CEO or President:** _____ Phone: _____

Title: _____ E-Mail: _____

• **Senior Claims Officer:** _____ Phone: _____

Title: _____ E-Mail: _____

• **Principal Claims Training Director:** _____ Phone: _____

Title: _____ E-Mail: _____

• **Lead Property Underwriter:** _____ Phone: _____

Title: _____ E-Mail: _____

• **Lead Casualty Underwriter:** _____ Phone: _____

Title: _____ E-Mail: _____

• **Lead House Counsel:** _____ Phone: _____

Title: _____ E-Mail: _____

• **Catastrophe Director:** _____ Phone: _____

Title: _____ E-Mail: _____

• **Information Technology Director or VP:** _____ Phone: _____

Title: _____ E-Mail: _____

• **Dues Invoice Contact:** _____ Phone: _____

Title: _____ E-Mail: _____

(**Note:** This person will receive and be responsible for payment of annual membership dues invoices.)

• **Assessable Premiums Contact:** _____ Phone: _____

Title: _____ E-Mail: _____

(**Note:** This person will be requested to provide us with your assessable premiums.)

• **Number of Field Claim Offices:** _____ • **Number of Claims Supervising Offices:** _____

Please return completed forms to the Property & Liability Resource Bureau via e-mail at ehelin@plrb.org, fax at (630) 724-2260, or by mail at PLRB, 3025 Highland Parkway, Suite 800, Downers Grove, IL 60515-1291.