ACCG Insurance Programs

2026 CONTACT FORM

INTERLOCAL RISK MANAGEMENT AGENCY

[ACCG-IRMA / Property & Liability Program]

I hereby appoint the **following contacts** for _____
(Name of Organization)

_____ _____
Signature of County Chairman or Executive Director for Authority — Date

- The appointed **ACCG–IRMA Insurance Contact** is _____
(Insurance Contact receives invoices & renewals for property & liability)

Position_____Email:_____

If there is a change in the insurance contact, please advise if the previous contact is still affiliated with the county for the ACCG database to be current and accurately maintained. ☐ Yes ☐ No

- The appointed **ACCG–IRMA Safety Coordinator** is _____
(Safety Coordinator is responsible for the Safety Program)

Position_____Email:_____

If there is a change in the safety coordinator, please advise if the previous contact is still affiliated with the county for the ACCG database to be current and accurately maintained. ☐ Yes ☐ No

- The appointed **ACCG–IRMA Claims Contact** is _____
(Claims Contact is responsible for reporting property & liability claims / Additional Claims Contacts may be listed on reverse side)

Position_____Email:_____

- The appointed **ACCG-IRMA H R Liaison Contact** is _____
(H R Liaison is authorized to communicate with ACCG appointed employment attorney)

Position_____Email:_____

Please EMAIL completed Contact Form to accginsurance@accg.org