

## ILLINOIS PUBLIC RISK FUND MEMBER CONTACT INFORMATION

Member Name: \_\_\_\_\_ Member ID: \_\_\_\_\_

IPRF Main Contact On File			
Main Contact Name		Phone	
Main Contact Email			
<b>If there is an email change, please provide us with the new email address</b>			
New Email Address			
<b>If there is a new Main Contact, please provide the following information</b>			
Main Contact Name		Phone	
Main Contact Email			

IPRF Billing Contact On File			
Billing Contact Name		Phone	
Billing Contact Email			
<b>If there is an email change, please provide us with the new email address</b>			
New Email Address			
<b>If there is a new Billing Contact, please provide the following information</b>			
Billing Contact Name		Phone	
Billing Contact Email			

IPRF Claims Contact On File			
Claims Contact Name		Phone	
Claims Contact Email			
<b>If there is an email change, please provide us with the new email address</b>			
New Email Address			
<b>If there is a new Claims Contact, please provide the following information</b>			
Claims Contact Name		Phone	
Claims Contact Email			

IPRF Loss Control Contact On File			
Loss Control Contact Name		Phone	
Loss Control Contact Email			
<b>If there is an email change, please provide us with the new email address</b>			
New Email Address			
<b>If there is a new Loss Control Contact, please provide the following information</b>			
Loss Control Contact Name		Phone	
Loss Control Contact Email			

IPRF Legislation Liaison Contact On File			
Legislation Contact Name		Phone	
Legislation Contact Email			
<b>If there is a new Legislation Contact, please provide the following information</b>			
Legislation Contact Name		Phone	
Legislation Contact Email			

Name of Person Completing Form:	
Date:	
Sent to:	
<b>Office Use Only</b>	
<b>When completed, please fax or email to:</b> Denise Zboncak	
<b>Fax: 708-429-6488 or Email: <a href="mailto:Denise@iprf.com">Denise@iprf.com</a></b>	