

Emergency resource list.



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PROPERTY NAME/LOCATION:

Emergency Services

Fire Department: _____

Police Department: _____

Hospital: _____

Poison Control Center: _____

Emergency Resources

Insurance Company: _____

Red Cross: _____

Local Shelter: _____

Salvation Army: _____

Local Area Services

Health Department: _____

Animal Control: _____

Electric Company: _____

Telephone Company: _____

Water Company: _____

Gas Company: _____

Emergency resource list.



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Area Hospitals

Courtesy Officer(s)/Security Company

[illegible]

Location of Emergency Supplies

First Aid Supplies:

Disaster Supplies:

Fire Extinguishers:

Bottle Water Company:

Other Supplies:

Business emergency phone list.



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Regional/District Manager

Corporate Office/Owner

Media Contact

Courtesy Officer/Security

Employees

This image shows a vertical rectangular sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There is no text or other markings on the paper.

Tenant emergency contact.



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Name:

Address:

Home Phone:

Mobile Phone:

Email:

Emergency Contact 1

Name:

Relationship:

Address:

Emergency Contact 2

Name:

Relationship:

Address:

Evacuation Information

Evacuation Location:

Phone:

Vendor resource list.



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General Contractor:

Landscaping/Tree Service:

Roofing Company:

Plumber:

Electrician:

Trash Collection/Dumpster:

Security Company:

Biohazard Company:

Janitorial Company:

Carpet Cleaner:

Water Extraction:

Laundry Service:

Carpet/Flooring Company:

Paint Contractor:

Local Hardware Store:

Locksmith:

Fire/Alarm Company:

Limited Access Gate:

Contractor:

Elevator Company:

Glass Company:

Note: You should have Key Contact Name, Phone Number, Emergency Number, Insurance Agent, Claims Contact Person, Policy Number and Carrier Name.

Employee emergency contact.



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Name:

Position:

Property:

Address:

Home Phone:

Mobile Phone:

Email:

Emergency Contact 1

Name:

Telephone:

Relationship:

Address:

Emergency Contact 2

Name:

Telephone:

Relationship:

Address:

Additional Information

Lives on Site?

☐ Yes ☐ No

Disaster Duties?

☐ Yes ☐ No

Evacuation Location:

Phone: