

Emergency Preparation Kit



Contact	Name	Address	City, State	Phone/Fax	Notes
Relative					
Employer					
Friend (optional)					
Primary Doctor					
Attorney					
Accountant					
Executor/Trustee/ Power of Attorney					
Insurance	Company Name Policy Number	Address	City, State	Phone/Fax	Notes
Life					
Medical					
Disability					
Long-term Care					

Emergency Preparation Kit



Automobile					
Home/Property					
Other					
Banking	Company Name Account Number	Address	City, State	Phone/Fax	Notes
Bank One					
Bank Two					
Safe Deposit Box					
Credit Union					
Credit	Company Name Account Number	Address	City, State	Phone/Fax	Notes
Credit Card One					
Credit Card Two					
Credit Card Three					
Other					
Other					

Emergency Preparation Kit



Utilities	Company Name Account Number	Address	City, State	Phone/Fax	Notes
Power/Electric					
Gas					
Cable					
Water					
Home Phone					
Cell Phone					
Loans	Company Name Account Number	Address	City, State	Phone/Fax	Notes
Automobile Loan					
Mortgage					
Personal Loan					
Other					
Investments	Company Name Account Number	Address	City, State	Phone/Fax	Notes
Certificates					

Emergency Preparation Kit



Stocks					
Bonds					
Other					
Other					
Retirement Information	Company Name Account Number	Address	City, State	Phone/Fax	Notes
IRA					
401 K					
Other					
Other					
Other Information	Company Name Account Number	Address	City, State	Phone/Fax	Notes
Computer User Name/Password					
Email Account					
Safe Combination					
Other					

