

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

Name	Location	Phone

Courtesy Officer(s)/Security Company

Name	Phone	Alternate Phone

Location of Emergency Supplies

First Aid Supplies:

Disaster Supplies:

Fire Extinguishers:

Bottle Water Company:

Other Supplies:

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: