

THE SPENCER INSURANCE AGENCY

EMERGENCY CONTACT PROGRAM

DISASTER PREVENTER

1 ● **Your latest contact information.** If an emergency does occur, we want to be able to reach you quickly, so let's make sure we have the most current ways to get in touch with you. Can you take a moment and get this information to us right away? Thanks!

Your Name: _____

Home Phone: _____ Work Phone: _____

Email: _____ Cell Phone: _____

2 ● **Your EMERGENCY CONTACT information.** What happens in case of an emergency...*and we can't find you?* We call your EMERGENCY CONTACT. Or, an EMERGENCY CONTACT may become aware of an emergency concerning you, your property or your family...they can contact us and we'll get your protection rolling immediately. Can you give us the name(s) of *at least one or more* **relatives, trusted friends, neighbors or colleagues** who can serve as your EMERGENCY CONTACT? If something does go wrong, it may be the most important thing you've done! (Their name will be held in confidence in your personal file.)

If you don't have all the information, *that's okay*. You can always add more later. One contact is enough...three is better! Just get us what you can now, so we have something immediately!

Their name: _____ Relationship: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____

Email: _____ Cell Phone: _____

Their name: _____ Relationship: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____

Email: _____ Cell Phone: _____

Their name: _____ Relationship: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____

Email: _____ Cell Phone: _____

PLEASE - JUST EMAIL, FAX (215) 887-9538

OR MAIL THIS FORM TO US

THANK YOU!