

Emergency Contacts Form

72 Hour Emergency Planner

Brokerage Information:

Broker name: Case Insurance Brokers Inc.

Address: [insert address]

City/Province/Postal code: [insert appropriate information]

Phone: [insert phone number]

Insurance Carrier:

Line of Insurance:

Address:

City/Province/Postal code:

Phone:

After-hours Phone:

Insurance Carrier:

Line of Insurance:

Address:

City/Province/Postal code:

Prepared by Case Insurance Brokers Inc.

This SAMPLE form is of general interest and is not intended to apply to specific circumstances. It does not purport to be a comprehensive analysis of all matters relevant to its subject matter. The content should not, therefore, be regarded as constituting legal advice and not be relied upon as such. In relation to any particular problem which they may have, readers are advised to seek specific advice. Further, the law may have changed since first publication and the reader is cautioned accordingly. © 2014 Zywave, Inc. All rights reserved.

Phone:

After-hours Phone:

Insurance Carrier:

Line of Insurance:

Address:

City/Province/Postal code:

Phone:

After-hours Phone:

Fire: _____

Police: _____

Dangerous Goods: _____