

# WEBB

INVESTMENT SERVICES INC.



Be **Prepared** For Emergencies

## Personal and Financial Emergency Checklist

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Webb Investment Services is an Independent Wealth Management Practice. Securities offered through Raymond James Financial Services, Inc. Member FINRA/SIPC. Webb Investment Services is not a registered broker/dealer. Investment advisory services offered through Raymond James Financial Services Advisors, Inc.

## Self

Full Legal Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Passport #: \_\_\_\_\_

Primary Care Physician Name & Phone #: \_\_\_\_\_

Health Insurance Plan Name & ID #: \_\_\_\_\_

Blood Type: \_\_\_\_\_ Allergies: \_\_\_\_\_

Medications & Dosages: \_\_\_\_\_

Dentist Name & Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

HR Contact Name & Phone: \_\_\_\_\_

Supervisor Name & Phone: \_\_\_\_\_

## Spouse

Full Legal Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Passport #: \_\_\_\_\_

Primary Care Physician Name & Phone #: \_\_\_\_\_

Health Insurance Plan Name & ID #: \_\_\_\_\_

Blood Type: \_\_\_\_\_ Allergies: \_\_\_\_\_

Medications & Dosages: \_\_\_\_\_

Dentist Name & Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

HR Contact Name & Phone: \_\_\_\_\_

Supervisor Name & Phone: \_\_\_\_\_

## Children

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Grade: \_\_\_\_\_

School Name: \_\_\_\_\_ School Phone: \_\_\_\_\_ Teacher: \_\_\_\_\_

Health Insurance Plan Name & ID #: \_\_\_\_\_

Medications & Dosages: \_\_\_\_\_ Passport #: \_\_\_\_\_

Allergies: \_\_\_\_\_ Blood Type: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Grade: \_\_\_\_\_

School Name: \_\_\_\_\_ School Phone: \_\_\_\_\_ Teacher: \_\_\_\_\_

Health Insurance Plan Name & ID #: \_\_\_\_\_

Medications & Dosages: \_\_\_\_\_ Passport #: \_\_\_\_\_

Allergies: \_\_\_\_\_ Blood Type: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Grade: \_\_\_\_\_

School Name: \_\_\_\_\_ School Phone: \_\_\_\_\_ Teacher: \_\_\_\_\_

Health Insurance Plan Name & ID #: \_\_\_\_\_

Medications & Dosages: \_\_\_\_\_ Passport #: \_\_\_\_\_

Allergies: \_\_\_\_\_ Blood Type: \_\_\_\_\_

Pediatrician Name & Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Dentist Name & Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Specialist Name & Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Daycare Provider Name & Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## Pets

Veterinarian Name & Phone: \_\_\_\_\_

Pet Name: \_\_\_\_\_

Special Considerations: \_\_\_\_\_

Pet Name: \_\_\_\_\_

Special Considerations: \_\_\_\_\_

## Insurance

### Protection

Insurance Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Life Insurance Policy #: \_\_\_\_\_ Disability Policy #: \_\_\_\_\_

Long-Term Care #: \_\_\_\_\_ Other: \_\_\_\_\_

### Household

Insurance Company Name: \_\_\_\_\_ Agent: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Homeowner Policy #: \_\_\_\_\_ Auto Policy #: \_\_\_\_\_

Umbrella Policy #: \_\_\_\_\_ Other: \_\_\_\_\_

## Financial

Financial Professional Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Firm Name & Address: \_\_\_\_\_

Account 1: \_\_\_\_\_ Account 2: \_\_\_\_\_

Account 3: \_\_\_\_\_ Account 4: \_\_\_\_\_

Financial Professional Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Firm Name & Address: \_\_\_\_\_

Account 1: \_\_\_\_\_ Account 2: \_\_\_\_\_

Account 3: \_\_\_\_\_ Account 4: \_\_\_\_\_

Financial Professional Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Firm Name & Address: \_\_\_\_\_

Account 1: \_\_\_\_\_ Account 2: \_\_\_\_\_

Account 3: \_\_\_\_\_ Account 4: \_\_\_\_\_

## Other Professionals

Attorney Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Firm Name & Address: \_\_\_\_\_

Tax Professional Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Firm Name & Address: \_\_\_\_\_

Other: \_\_\_\_\_

## Bank

Bank Name: \_\_\_\_\_ Bank Name: \_\_\_\_\_  
Branch Address: \_\_\_\_\_ Branch Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
Checking #: \_\_\_\_\_ Checking #: \_\_\_\_\_  
Savings #: \_\_\_\_\_ Savings #: \_\_\_\_\_  
ATM Card #: \_\_\_\_\_ ATM Card #: \_\_\_\_\_  
Amt. \_\_\_\_\_ Interest Rate: \_\_\_\_\_ Maturity: \_\_\_\_\_ Amt. \_\_\_\_\_ Interest Rate: \_\_\_\_\_ Maturity: \_\_\_\_\_  
Amt. \_\_\_\_\_ Interest Rate: \_\_\_\_\_ Maturity: \_\_\_\_\_ Amt. \_\_\_\_\_ Interest Rate: \_\_\_\_\_ Maturity: \_\_\_\_\_

## Loans and Credit

Mortgage Holder	Second Mortgage Holder	Home Equity Loan Holder
_____	_____	_____
Address: _____	Address: _____	Address: _____
_____	_____	_____
_____	_____	_____
Phone: _____	Phone: _____	Phone: _____
Account #: _____	Account #: _____	Account #: _____
Interest Rate: _____	Interest Rate: _____	Interest Rate: _____
Car Loan: _____	Car Loan: _____	Car Loan: _____
Holder: _____	Holder: _____	Holder: _____
Address: _____	Address: _____	Address: _____
_____	_____	_____
Phone: _____	Phone: _____	Phone: _____
Account #: _____	Account #: _____	Account #: _____
Interest Rate: _____	Interest Rate: _____	Interest Rate: _____
Credit Card: _____	Credit Card: _____	Credit Card: _____
Billing Address: _____	Billing Address: _____	Billing Address: _____
_____	_____	_____
_____	_____	_____
Phone: _____	Phone: _____	Phone: _____
Account #: _____	Account #: _____	Account #: _____
Interest Rate: _____	Interest Rate: _____	Interest Rate: _____

## In Case of **Emergency**, Dial 911

### Emergency Numbers

Local Police: \_\_\_\_\_

Local Fire Department: \_\_\_\_\_

Local Hospital: \_\_\_\_\_

### Household Emergency Numbers

Plumber: \_\_\_\_\_ Phone: \_\_\_\_\_

Electrician: \_\_\_\_\_ Phone: \_\_\_\_\_

Heating Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Telephone Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Electric Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Cable Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Town Hall: \_\_\_\_\_ Phone: \_\_\_\_\_

AAA/Towing: \_\_\_\_\_ Phone: \_\_\_\_\_

Other: \_\_\_\_\_ Phone: \_\_\_\_\_

Other: \_\_\_\_\_ Phone: \_\_\_\_\_

Other: \_\_\_\_\_ Phone: \_\_\_\_\_

### Nearest Neighbors/Emergency Contact

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Government Organizations

Social Security Administrations  
1.800.772.1213  
ssa.gov

IRS  
1.800.829.1040  
irs.gov

FEMA (Federal Emergency Management Association)  
1.800.621.FEMA (3362)  
fema.gov

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