



WINTER PREPAREDNESS

Sample Emergency Winter Contact List

EMERGENCY CONTACTS:

1. Family Member:

- First and Last Name _____
- Relationship to You _____
- Phone Number _____

2. Friend/Neighbor:

- First and Last Name _____
- Phone Number _____

3. Work Contact/Supervisor:

- First and Last Name _____
- Phone Number _____

ROADSIDE ASSISTANCE:

- Company Name _____
- Company Phone Number _____
- Membership Number _____

LOCAL TOWING SERVICE:

- Company Name _____
- Phone Number _____

INSURANCE COMPANY:

- Company Name _____
- Phone Number _____
- Policy Number _____

MEDICAL CONTACTS:

- Primary Care Physician's / Doctor's Name _____
- Physician's Phone Number _____
- Nearest Hospital to Home _____
- Hospital's Phone Number _____

ADDITIONAL NOTES:

Please list any other important information, such as allergies or medical conditions, here. _____



Fred C. Church
INSURANCE