

# Emergency Preparedness Checklist



This Emergency Preparedness Checklist is an information gathering tool that would allow us to assist your family in a time of need. In order for us, as your trusted advisor, to be better prepared to assist your family, we ask that you please complete and return this checklist at your earliest convenience.

Date \_\_\_\_\_

## Personal Information

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
City, State, ZIP \_\_\_\_\_  
Email \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

## Emergency Contact

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
City, State, ZIP \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Email \_\_\_\_\_

## Attorney(s)

Name \_\_\_\_\_  
Firm \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
City, State, ZIP \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_



**LATHAM**  
11 British American Blvd.  
Latham, New York 12110-1405  
Ph: 518.785.0134 | Fx: 518.785.0299



**QUEENSBURY**  
111 Everts Avenue  
Queensbury, NY 12804  
Ph: 518.792.6595 | Fx: 518.792.6635

# Emergency Preparedness Checklist

## Insurance Agent(s)

Name \_\_\_\_\_  
Firm \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
City, State, ZIP \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

## Financial Advisor(s)

Name \_\_\_\_\_  
Firm \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
City, State, ZIP \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Other Important Information	Have?		N/A	Date Last Updated
	YES	NO		
Will	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Power of Attorney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Health Care Proxy/Living Will	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Trust(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Beneficiary Designation(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Are you interested in learning about our estate planning services?

Please contact your Marvin and Company representative for additional information.

As always, thank you for your business!



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