



# HURRICANE PREPAREDNESS WORKSHEET



Sara  
**BAXTER**  
PALM BEACH COUNTY VICE MAYOR & COMMISSIONER DISTRICT 6



## Hurricane Preparedness Form

Please fill out this form completely and keep it in a safe, waterproof place. Consider making digital copies accessible in case of emergency. Update information often to ensure accuracy.

### Family Information

Family Name: \_\_\_\_\_

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

Primary Contact Number: \_\_\_\_\_

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

### Insurance Policies

*For each type of insurance, provide the following details:*

#### Home Insurance

Policy Number: \_\_\_\_\_

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

Company Contact Number: \_\_\_\_\_

Agent Name: \_\_\_\_\_

Agent Contact Number: \_\_\_\_\_

Coverage Details: \_\_\_\_\_

### Auto Insurance

Policy Number: \_\_\_\_\_

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

Company Contact Number: \_\_\_\_\_

Agent Name: \_\_\_\_\_

Agent Contact Number: \_\_\_\_\_

Coverage Details: \_\_\_\_\_

### Health Insurance

Policy Number: \_\_\_\_\_

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

Company Contact Number: \_\_\_\_\_

Agent Name: \_\_\_\_\_

Agent Contact Number: \_\_\_\_\_

Coverage Details: \_\_\_\_\_

**Life Insurance**

Policy Number: \_\_\_\_\_

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

Company Contact Number: \_\_\_\_\_

Agent Name: \_\_\_\_\_

Agent Contact Number: \_\_\_\_\_

Coverage Details: \_\_\_\_\_

**Flood Insurance (if applicable)**

Policy Number: \_\_\_\_\_

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

Company Contact Number: \_\_\_\_\_

Agent Name: \_\_\_\_\_

Agent Contact Number: \_\_\_\_\_

Coverage Details: \_\_\_\_\_

**Emergency Contacts**

Provide details for at least two emergency contacts:

**Contact 1**

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

Relationship: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Alt Contact Number: \_\_\_\_\_

**Contact 2**

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

Relationship: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Alt Contact Number: \_\_\_\_\_

**Damage Documentation**

For each damaged item, provide the following details:

**Item 1**

Item Description: \_\_\_\_\_

Estimated Value: \_\_\_\_\_

Condition (e.g., destroyed, damaged): \_\_\_\_\_

Date of Damage: \_\_\_\_\_

Photos Attached: Yes / No

Receipts Available: Yes / No

**Item 2**

Item Description: \_\_\_\_\_

Estimated Value: \_\_\_\_\_

Condition (e.g., destroyed, damaged): \_\_\_\_\_

Date of Damage: \_\_\_\_\_

Photos Attached: Yes / No

Receipts Available: Yes / No

(Add more items as needed.)

## Utility Account Information

Provide account details for essential utilities:

### **Electricity**

Account Number: \_\_\_\_\_

Company Contact Number: \_\_\_\_\_

### **Water**

Account Number: \_\_\_\_\_

Company Contact Number: \_\_\_\_\_

### **Gas**

Account Number: \_\_\_\_\_

Company Contact Number: \_\_\_\_\_

## Important Documents

*List the locations where the following documents are stored:*

Birth Certificates: \_\_\_\_\_

Passports: \_\_\_\_\_

Insurance Policies: \_\_\_\_\_

Property Deeds: \_\_\_\_\_

Wills: \_\_\_\_\_

## Emergency Services

*Provide details for local emergency services:*

### **Nearest Hospital**

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

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

Contact Number: \_\_\_\_\_

### **Nearest Police Station**

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

Contact Number: \_\_\_\_\_

### **Nearest Fire Station**

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

Contact Number: \_\_\_\_\_

### **Local Emergency Management Office**

Contact Number: \_\_\_\_\_

**Pet Information (if applicable)**

*For each pet, provide the following details:*

**Pet 1**

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

Type/Breed: \_\_\_\_\_

Veterinary Contact: \_\_\_\_\_

Pet Insurance (if any):

Policy Number: \_\_\_\_\_

Company: \_\_\_\_\_

Emergency Pet Shelter:

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

Contact Number: \_\_\_\_\_

**Pet 2**

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

Type/Breed: \_\_\_\_\_

Veterinary Contact: \_\_\_\_\_

Pet Insurance (if any):

Policy Number: \_\_\_\_\_

Company: \_\_\_\_\_

Emergency Pet Shelter:

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

Contact Number: \_\_\_\_\_

(Add more pets as needed.)

Additional Notes:

---

---

---

---

---

---

---

---

---

---

---

---

Ensure all information is kept up to date. Store this form in a waterproof container or have digital copies accessible. A great way to keep a digital copy is to email the completed form to yourself and immediate family members, so it can be easily accessed.