

CITY OF PALM SPRINGS



Checklist of Items to Include in your grab and go kit

*For each household member as applicable: Make copies of documents, scan documents onto a CD or a flash drive. Store originals in safety deposit box or a fire/water proof container. Keep copies, CD, flash drive in a fire/water proof, container in a location that is easy to grab and go out the door as you evacuate.

| Х | DOCUMENT * | AGENT NAME | CONTACT INFORMATION | ACCOUNT/POLICY NUMBER |
|---|---|---|-----------------------|-----------------------------|
| | Homeowners/ Rental Insurance Policy for each property owned | | | |
| | Umbrella Insurance Policy | | | |
| | Auto Insurance Policy for each vehicle owned | | | |
| | Boat Insurance Policy for each vehicle owned | | | |
| | Life Insurance Policy for each household member | | | |
| | Flood Insurance Policy | | | |
| | Earthquake Insurance Policy | | | |
| | Copy of all medical insurance policies and insurance cards for each household member health/dental/prescription | | | |
| | Pet Insurance Policy | | | |
| | Copy of birth records for each member of the household | Name: State of birth: | Name: State of birth: | Name: State of birth: |
| | Copy of identification pages on your passport | N/A | N/A | N/A |
| | Copy of Driver License for each member of the household | N/A | N/A | N/A |
| | Copy of Social Security Card for each member of the household | Replacement Social Security card: http://ssa-custhelp.ssa.gov/app/answers/detail/a_id/251/~/replace-a-social-secucard-for-an-adult | | -/replace-a-social-security |
| | Photo of each household member | N/A | N/A | N/A |
| | Photo of you with your pet | N/A | N/A | N/A |
| | Copy of immunization records for each household member | N/A | N/A | N/A |
| | Copy of immunization records for each pet | Records for the following pets: | | |
| | School records for each child | | | |

| Х | DOCUMENT * | AGENT NAME | CONTACT INFORMATION | ACCOUNT/POLICY NUMBER |
|-----|--|---------------------------|------------------------------------|--------------------------|
| | List of prescription medications and | Person | Person | Person |
| | eye glasses | name: | name: | name: |
| | | Prescription | Prescription | Prescription |
| | | expires: | expires: | expires: |
| | Marriage Certificate | State filed in: | | |
| | Divorce Settlement | Date finalized: | | |
| | | State filed in: | | |
| | Copy of documents for Child Custody Arrangement | State filed in: | | |
| | Copy of Titles for vehicles | License Plate: | License Plate: | License Plate: |
| | Sopy of Thios for Vollisios | State: | State: | State: |
| | Copy of Title and Deed for Home, Property, Land Lease Agreement | Otate. | State. | Otato. |
| | Copy of rental agreement | Landlord's Name: | Contact Information: | |
| | Copy of Will, Living Trust, Durable Power of Attorney, Personal Representative, Guardian and Conservator Appointments for each member of the household as applicable Copy of all Insurance policies and insurance cards for each household member health/dental/prescription Copy of all bank and brokerage accounts with account and phone numbers Copy both sides of your credit cards to give you card numbers and phone numbers for each company | | | |
| | Copy of your State and Federal Tax Returns for the last three (3) years for each household member | Tax year 1: | Tax year 2: | Tax year 3: |
| | Picture inventory of the outside and inside of your home, valuables and vehicles | Location of the second of | copy is: | |
| | Make a disc of your personal photos | N/A | N/A | N/A |
| | Your family's emergency plan | Out of state Contact is: | Out of state Contact Phone Number: | |
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