



# Family Emergency Plan



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Prepared by:



Lee County  
*Southwest Florida*

## INFORMATION RESOURCES

Reliable sources of accurate, timely information are critical to developing and implementing your plans. The resources below have been developed by Lee County Emergency Management to assist in developing your plans and keeping you informed.

Printed Information is available from many sources, including many local fire departments, government offices, public libraries and Lee County Emergency Management. Among the best of these printed materials is the **All Hazards Guide**.

### Conventional Websites

|   |   |
|---|---|
| <a href="http://www.LeeEOC.com">www.LeeEOC.com</a><br>(emergency information) | AlertLee – Automated telephone notification system<br>Know Your Zone – Evacuation Zone information        |
| <a href="http://www.LeeEOC.com">www.LeeEOC.com</a><br>(forms and documents)   | Special Needs Application (fill it out online)<br>Family Emergency Plan (this document) All Hazards Guide |

### Social Media

|          |   |
|----------|---|
| Twitter  | Follow @LeeEOC – the official account of the Lee County Emergency Operations Center ( <a href="https://twitter.com/#!/LeeEOC">https://twitter.com/#!/LeeEOC</a> ) |
| Twitter  | Follow @LCEMFL – the official account of Lee County Emergency Management ( <a href="https://twitter.com/#!/LCEMFL">https://twitter.com/#!/LCEMFL</a> )            |
| Facebook | Like the Lee County Emergency Management page<br><a href="http://www.facebook.com/LeePublicSafety">www.facebook.com/LeePublicSafety</a>                           |
| Facebook | Like the Lee County Government page<br><a href="http://www.facebook.com/LeeCountyFLBOCC">www.facebook.com/LeeCountyFLBOCC</a>                                     |
| YouTube  | <a href="http://www.youtube.com/LeeCountyEOC">www.youtube.com/LeeCountyEOC</a>  |

### Smart Phone, iPad and Tablet Apps

|                       |   |
|-----------------------|---|
| LeePrepares (Apple)   | Available for iPhone and iPad from the iTunes Store       |
| LeePrepares (Android) | Available for Android phones and tablets from Google Play |

### Emergency Notifications

|              |   |
|--------------|---|
| AlertLee.com | Sign up for emergency notifications at AlertLee.com |
| WGCU-90.1    | Stays online during power outages/emergencies.      |

## PREPAREDNESS CHECKLIST

| Done                     | To Do                    | N/A                      | <b>Inspect Your Home (Security/Fire/Weather):</b>                  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Confirm that house numbers are easily visible from the street      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Make sure outside lights work properly                             |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Remove/Trim items that could conceal persons near your home        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Clean and Maintain a 30 foot fire buffer around your home          |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Clean gutters of flammable material                                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Inspect Roof – from top (shingles, tiles, vents, etc.)             |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Inspect Roof – from attic (roof anchors, sheathing, etc.)          |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Inspect Storm Shutters / Window Protection (include tools)         |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Inspect Garage Door and Bracing (include tools)                    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Identify utility shut offs and how to operate them (include tools) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Identify any special tools required and their location             |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Inspect and prune or remove trees that could fall on your house    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consider creating a safe room                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Make any required repairs or improvements                          |

| Done                     | To Do                    | N/A                      | <b>Create Your Plan(s) and Prepare Your Kit:</b>                |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Review or develop your family FIRE SAFETY plan                  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Review or develop your family HURRICANE plan                    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Secure waterproof containers for documents and supplies         |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Secure coolers for food and ice (wheels and pull handles help)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Purchase a landline (old fashioned) phone if you don't have one |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Rotate and replace items from your supply kit to current use    |

| Done                     | To Do                    | N/A                      | <b>Inventory Household Contents and Review Insurance:</b>      |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Make an itemized inventory of your belongings                  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Photograph/video tape your possessions (with date if possible) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Review and update your insurance policies as needed            |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Record policy numbers and claims telephone number              |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Copy important records for your supply kit                     |

| Done                     | To Do                    | N/A                      | <b>Other Special Considerations:</b>               |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Plan for any special medical needs you may have    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Update pet/service animal vaccinations and records |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Make plans for boats and/or RVs                    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |

# FIRE SAFETY PLAN

Fires are one of the most common major home emergencies, so a fire safety plan is one of the most important parts of your preparedness efforts. With preparation and practice you can survive a fire and return to normal more easily. Practice your plans at least once per year and anytime something changes with your home or family.

One of the most important pieces of safety equipment you can own is a working smoke detector. Treat all alarms as real until proven otherwise. If your smoke detector sounds, evacuate quickly. Entire houses can become involved in fire in minutes. Plan for and practice evacuations.

Consider babies and small children; elderly persons and/or others with limited mobility as well as pets. How will these be evacuated and who is responsible. If you evacuate, do not re-enter the building, for any reason, until it is determined to be safe. Make your way to, and remain at, your predetermined evacuation location. Your evacuation location should be well away from the structure AND safely away from arrival routes for first responders.

Your local fire department may have additional resources and programs that can assist you in developing your fire safety plans. Contact them on their business line to find out about these additional resources.

| Done                     | To Do                    | N/A                      | Considerations:  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Inspect and test smoke detectors at least monthly                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Replace smoke detector batteries every six months                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Inspect fire extinguishers (condition and location)              |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consider escape ladder(s) in second floor locations              |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is everyone trained to use fire extinguishers and escape ladders |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Create an evacuation plan for anyone with limited mobility       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Identify a meeting location if you evacuate                      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | How will reunite with family if you become separated             |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |

## RENDEZVOUS AND ALTERNATE COMMUNICATION PLANS

Families could get separated during an emergency. List a local place to meet if you can't get back home. What should your children do if they are separated and cannot return home? Where should they go? Do you have good quality, recent pictures of your children with you?

|  |
|--|
|  |
|--|

Local communication systems may fail. Text messages may work when phone calls do not. Develop other alternate communication plans. Choose a local and an **out-of-state contact**. Provide them your contact information and tell others to contact them if they cannot contact you.

|                                  |                         |
|----------------------------------|-------------------------|
| <b>Local Contact Name</b>        | <b>Telephone Number</b> |
| <b>Relationship</b>              | <b>Address</b>          |
| <b>Out-of-State Contact Name</b> | <b>Telephone Number</b> |
| <b>Relationship</b>              | <b>Address</b>          |

Identify a primary and secondary evacuation location and travel route.

|   |   |
|---|---|
| <b>Primary Evacuation Destination</b>   | <b>Secondary Evacuation Destination</b>   |
| <b>Primary Evacuation Address</b>       | <b>Secondary Evacuation Address</b>       |
| <b>Primary Destination Travel Route</b> | <b>Secondary Destination Travel Route</b> |

## PREPARE YOUR DOCUMENTS

| Have                     | Need                     | N/A                      | IMPORTANT DOCUMENTS for EVERYONE                   |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Driver's License / Personal Identification         |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Military ID / DD214                                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Passports / Green Card / Naturalization Documents  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Social Security Cards                              |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Health and Medical Insurance Documents             |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Disabilities Services Documentation                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Marriage Certificates                              |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Will / Power of Attorney                           |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Deed or Lease (for proof of residence)             |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Vehicle Registration / Titles / Proof of Insurance |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Property Insurance Documents                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Life Insurance Documents                           |

| Have                     | Need                     | N/A                      | IMPORTANT DOCUMENTS for CHILDREN                    |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Birth Certificates                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Social Security Cards / Identification Cards        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Good Quality, Recent Photograph (digital preferred) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Immunization Records                                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Health and Medical Insurance Documents              |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Child custody documents (if applicable)             |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Last Report Card                                    |

| Have                     | Need                     | N/A                      | IMPORTANT MISCELLANEOUS DOCUMENTS                       |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Inventory of Household Items                            |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Backup Computer Data.                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Map of the area and places you could go if you evacuate |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Local telephone directory                               |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Your list of telephone numbers and addresses            |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Contact information for you primary doctor and dentist  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |

## HOUSEHOLD OPERATING AND FINANCIAL INFORMATION

|                                |                            |
|--------------------------------|----------------------------|
| <b>Bank Account - Checking</b> | Bank Name                  |
| Account Number                 | Emergency Telephone Number |

|                               |                            |
|-------------------------------|----------------------------|
| <b>Bank Account - Savings</b> | Bank Name                  |
| Account Number                | Emergency Telephone Number |

|                                |                            |
|--------------------------------|----------------------------|
| <b>Brokerage Account / IRA</b> | Bank Name                  |
| Account Number                 | Emergency Telephone Number |

|                      |                            |
|----------------------|----------------------------|
| <b>Credit Card 1</b> | Bank Name                  |
| Account Number       | Emergency Telephone Number |

|                      |                            |
|----------------------|----------------------------|
| <b>Credit Card 2</b> | Bank Name                  |
| Account Number       | Emergency Telephone Number |

|                         |                            |
|-------------------------|----------------------------|
| <b>Mortgage Company</b> | Company Name               |
| Account Number          | Emergency Telephone Number |

|                      |                            |
|----------------------|----------------------------|
| <b>Power Company</b> | Company Name               |
| Account Number       | Emergency Telephone Number |

|                      |                            |
|----------------------|----------------------------|
| <b>Water Company</b> | Company Name               |
| Account Number       | Emergency Telephone Number |

|                                     |                            |
|-------------------------------------|----------------------------|
| <b>Health and Medical Insurance</b> | Name                       |
| Account Number                      | Emergency Telephone Number |

## PLAN FOR INSURANCE NEEDS

Flood insurance is a good idea even if it is not required by your mortgage company. You may need two separate policies. One covers the structure and the other covers the contents.

|  |  |
|--|--|
| What is the estimated market value of your home?                             |  |
| Does your policy provide full replacement value for your home?               |  |
| What is your total deductible amount (This will be your out-of-pocket cost.) |  |
| Have you reviewed your insurance coverage within the last two years?         |  |

|  |  |
|--|--|
| What is the estimated value of the contents of your home?                |  |
| Does your policy provide full replacement cost for your contents?        |  |
| What documentation is required for your contents and property?           |  |
| Do you have a list of your belongings with pictures and documentation?   |  |
| Do you have additional riders for special items or increased coverage?   |  |
| Do you have an Additional Living Expense rider in your insurance policy? |  |

|                                    |                                    |
|------------------------------------|------------------------------------|
| <b>Flood Insurance - Structure</b> | <b>Company Name</b>                |
| <b>Policy Amount</b>               | <b>Policy Number</b>               |
| <b>Deductible Amount</b>           | <b>Telephone Number for Claims</b> |

|                                   |                                    |
|-----------------------------------|------------------------------------|
| <b>Flood Insurance – Contents</b> | <b>Company Name</b>                |
| <b>Policy Amount</b>              | <b>Policy Number</b>               |
| <b>Deductible Amount</b>          | <b>Telephone Number for Claims</b> |

|  |                                    |
|--|------------------------------------|
| <b>Homeowner’s / Renters Insurance</b> | <b>Company Name</b>                |
| <b>Policy Amount</b>                   | <b>Policy Number</b>               |
| <b>Deductible Amount</b>               | <b>Telephone Number for Claims</b> |

|   |                                    |
|---|------------------------------------|
| <b>Homeowner’s Insurance - Wind (if separate)</b> | <b>Company Name</b>                |
| <b>Policy Amount</b>                              | <b>Policy Number</b>               |
| <b>Deductible</b>                                 | <b>Telephone Number for Claims</b> |



## PREPARE YOUR SUPPLIES

| Have                     | Need                     | N/A                      | BASIC SAFETY EQUIPMENT   |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | NOAA Weather Radio   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | First Aid Kit and Instruction Book                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Landline Telephone (does not require electricity or batteries)     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Battery Powered LED Lanterns or Chemical Light Sticks (no candles) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Flashlights (LED type saves batteries)                             |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Whistle (to signal for help if needed)                             |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Extra Batteries and Car Chargers for all electronics               |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |

| Have                     | Need                     | N/A                      | BASIC TOOLS   |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Basic Tool Kit (hammer, wrenches, screwdrivers, pliers, etc.) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Specialized Tools (for water or gas valves, etc.)             |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Plastic Tarps (with grommets) or Roll Plastic Sheeting        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Assorted Screws, Nails and Other Fasteners                    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Duct Tape   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Canvas or Leather Work gloves                                 |

| Have                     | Need                     | N/A                      | SANITATION / CLEAN UP SUPPLIES                         |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Unscented Bleach (for clean-up and to disinfect water) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Water for Cleaning                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Assorted Cleaners, Sanitizers and Disinfectants        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Rubber Gloves, Hand Sanitizer, masks                   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Brushes, Brooms and Mops                               |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Towels and Rags  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Plastic Garbage Bags                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Bucket (with tight fitting lid) for Emergency Toilet   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Toilet Paper / Paper Towels / Sanitary Supplies        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Wet Wipes and Disinfecting Wipes                       |

| Have                     | Need                     | N/A                      | PET / SERVICE ANIMAL                                      |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Water (one gallon per day for seven days for each animal) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cage or Carrier for Each Animal                           |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food / Treats   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Toys / Comfort Items                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Clean Up Supplies   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Identification / Immunization Records / Photographs       |

## PREPARE YOUR SUPPLIES

| Have                     | Need                     | N/A                      | PERSONAL ITEMS   |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sleeping Bags and/or Pillows and Blankets                        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Lawn Chairs / Folding Chairs                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hot and Cold Weather Clothing                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sturdy Closed-toe Work Shoes (not sandals or flip-flops)         |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Raingear   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Personal Hygiene (toothbrush, toothpaste, soap, deodorant, etc.) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Medications (Prescription and Over-The-Counter)                  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Spare Eyeglasses or Contacts and Cleaning Solution               |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hearing Aid (spare batteries)                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Entertainment (cards, books, quiet games, tablet, batteries)     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Baby / Infant Needs (Diapers, Formula, Baby Food, Cereal)        |

| Have                     | Need                     | N/A                      | FOOD SERVICE NEEDS  |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Drinking Water (one gallon per day per person for 7 days) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Non-perishable Food                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Manual Can Opener   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Juice / Soft Drinks / Instant Coffee or Tea / Dry Milk    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Camp Stove, Grill (with fuel) Outdoor Use Only            |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Lighter/Waterproof Matches                                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pots / Pans / Cooking Utensils                            |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Aluminum Foil   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Disposable Plates, Cups and Cutlery                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Plastic Wrap / Zip Lock Bags / Garbage Bags               |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cooler for Food Storage (Wheels make moving easier)       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cooler to Transport Ice. (Wheels make moving easier)      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Freeze water in jugs or zip lock bags to keep food cool   |

| Have                     | Need                     | N/A                      | MISCELLANEOUS ITEMS                                    |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Spare Keys (complete set for home, vehicles and boats) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pens / Pencils and Paper                               |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Important Papers                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Keepsakes / Significant Photos                         |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Coins, Cash, Credit Cards and/or Travelers Checks      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Prepaid Telephone Card(s)                              |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Maps and Evacuation Information                        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Books, games and other quiet entertainment             |

## PLAN FOR BABIES

(Use the table to calculate how much you need. Keep at least a one week supply on hand.)

|                               |                     |                         |
|-------------------------------|---------------------|-------------------------|
| <b>Baby Formula</b>           |                     |                         |
| Amount Used Daily:            | Multiply by 7 Days: | Amount Needed per Week: |
| <b>Baby Bottles / Nipples</b> |                     |                         |
| Amount Used Daily:            | Multiply by 7 Days: | Amount Needed per Week: |
| <b>Baby Food</b>              |                     |                         |
| Amount/Jars Used Daily:       | Multiply by 7 Days: | Amount Needed per Week: |
| <b>Sterile Water / Water</b>  |                     |                         |
| Amount Used Daily:            | Multiply by 7 Days: | Amount Needed per Week: |
| <b>Baby Diapers</b>           |                     |                         |
| Amount Used Daily:            | Multiply by 7 Days: | Amount Needed per Week: |
| <b>Baby Wet Wipes</b>         |                     |                         |
| Amount Used Daily:            | Multiply by 7 Days: | Amount Needed per Week: |

### MEDICATION LOG

|                      |                  |                   |                        |
|----------------------|------------------|-------------------|------------------------|
| Name of Medication   | Dosage and Times | Reason for taking | Size, Shape, Color     |
|                      |                  |                   |                        |
| Prescribed by Doctor | Doctor Telephone | Refill Number     | Pharmacy and Telephone |

|                      |                  |                   |                        |
|----------------------|------------------|-------------------|------------------------|
| Name of Medication   | Dosage and Times | Reason for taking | Size, Shape, Color     |
|                      |                  |                   |                        |
| Prescribed by Doctor | Doctor Telephone | Refill Number     | Pharmacy and Telephone |

|                      |                  |                   |                        |
|----------------------|------------------|-------------------|------------------------|
| Name of Medication   | Dosage and Times | Reason for taking | Size, Shape, Color     |
|                      |                  |                   |                        |
| Prescribed by Doctor | Doctor Telephone | Refill Number     | Pharmacy and Telephone |

|   |                         |                    |
|---|-------------------------|--------------------|
| <b>Be Sure to Include Other Important Baby Items:</b> |                         |                    |
| Car Seat  | Portable Crib / Bedding | Stroller / Carrier |
| Blankets  | Clothing                | Pacifier / Toys    |

## MENU PLANNER

Plan a 7 day menu for your family. Avoid items that require refrigeration.  
Create a list of supplies, go shopping and pack in your hurricane kit.

|           | Day 1 | Day 2 | Day 3 | Day 4 | Day 5 | Day 6 | Day 7 |
|-----------|-------|-------|-------|-------|-------|-------|-------|
| Breakfast |       |       |       |       |       |       |       |
| Lunch     |       |       |       |       |       |       |       |
| Dinner    |       |       |       |       |       |       |       |
| Snacks    |       |       |       |       |       |       |       |

## PLAN FOR SPECIAL MEDICAL NEEDS

|  |
|--|
| Do you take any prescription medicines? If yes, list them on the MEDICATION LOG  |
| Do you take any over the counter medicines? If yes, list them on the MEDICATION LOG  |
| Do you have at least a two week supply of your medicine? How will you get your medicine replaced or refilled if it is lost or if you run out? Having original pill containers will help. |
|  |

|  |
|--|
| What will happen if you are away from home and your regular doctor and pharmacy? What if your doctor or regular pharmacy is affected and is not available? |
|  |

|   |
|---|
| If you answer yes to some of the following questions, you should consider registering with the <b>Lee County Special Medical Needs Program</b> . The service is free. Call 239-533-0640 for more information. |
|---|

|   |                                   |
|---|-----------------------------------|
| Do any of your medicines need to be refrigerated? If yes, how will you do that without normal power (battery powered refrigerator, cooler with ice, with dry ice)? Where will you get the things you need? How long can you keep your medicine without regular power? |                                   |
|   |                                   |
| <b>Supplier Name</b>  | <b>Your Account Number</b>        |
|   |                                   |
| <b>Normal Telephone Number</b>  | <b>Emergency Telephone Number</b> |
|   |                                   |

|   |                                   |
|---|-----------------------------------|
| Do you use any Durable Medical Equipment? If yes, complete the following: |                                   |
| <b>Supplier Name</b>  | <b>Your Account Number</b>        |
|   |                                   |
| <b>Normal Telephone Number</b>  | <b>Emergency Telephone Number</b> |
|   |                                   |

## PLAN FOR SPECIAL MEDICAL NEEDS

|  |                                   |
|--|-----------------------------------|
| Do you use Oxygen? If yes, complete the following:   |                                   |
| What is the cylinder size? Do you keep spare cylinders? How long will your supply last? How will you get more if needed? Do you have sufficient delivery equipment (cannulas, etc.)? |                                   |
|  |                                   |
| <b>Supplier Name</b>   | <b>Your Account Number</b>        |
| <b>Normal Telephone Number</b>   | <b>Emergency Telephone Number</b> |

|  |                                   |
|--|-----------------------------------|
| Do you use an electric wheelchair or scooter? If yes, complete the following. Do you have extra batteries? |                                   |
| <b>Supplier or Repair Service Name</b>   | <b>Your Account Number</b>        |
| <b>Normal Telephone Number</b>   | <b>Emergency Telephone Number</b> |

|  |                                   |
|--|-----------------------------------|
| Do you use a manual wheel chair or can you substitute a manual chair for your electric model if needed? If so, complete the following: |                                   |
| <b>Supplier or Repair Service Name</b>   | <b>Your Account Number</b>        |
| <b>Normal Telephone Number</b>   | <b>Emergency Telephone Number</b> |

|   |
|---|
| Depending on your chair type and specific needs, here are some additional items to consider.  |
| <ul style="list-style-type: none"> <li>• Portable Ramp</li> <li>• Heavy gloves for use while possibly wheeling over broken glass and debris</li> <li>• A spare battery for your chair and/or adapter for recharging your battery from a vehicle</li> <li>• Tire patch kit and portable air compressor or canned "seal-in-air product" to repair flat tires</li> <li>• Spare cane or walker (if appropriate) in case your chair becomes unusable.</li> </ul> |

## PLAN FOR SPECIAL MEDICAL NEEDS

|   |                                   |
|---|-----------------------------------|
| Do you rely on other battery powered equipment (hearing aids, alarms, phone alerts). If yes, do you have spare batteries for them? Can you get replacement batteries easily or do they have to be special ordered? If they must be special ordered, complete the following: |                                   |
| <b>Supplier Name</b>  | <b>Your Account Number</b>        |
| <b>Normal Telephone Number</b>  | <b>Emergency Telephone Number</b> |

|   |
|---|
| Do you use any other electrical equipment that is critical to your well-being? What will happen if you lose power? Is there a manual or battery operated substitute that you can use? |
|   |

|   |                                   |
|---|-----------------------------------|
| Do you use disposable or limited use items (i.e. dressings, catheters, cannulas, adult diapers) If yes, do you have at least a two-week supply? If you run out where will you get more? |                                   |
| <b>Supplier Name</b>  | <b>Your Account Number</b>        |
| <b>Normal Telephone Number</b>  | <b>Emergency Telephone Number</b> |

|  |                                      |
|--|--------------------------------------|
| Do you dislike driving in heavy traffic or have problems driving? If yes, who will you rely on for transportation? If you need transportation assistance, please register with the Special Medical Needs Program for transport only. |                                      |
| <b>Driver or Company Name</b>  | <b>Your Account Number if needed</b> |
| <b>Regular Telephone Number</b>  | <b>Emergency Telephone Number</b>    |

|  |
|--|
| If you must relocate out of this area, will your answers to the previous questions change? Do you need additional plans? |
|  |

## PLAN FOR SPECIAL MEDICAL NEEDS

Do you have special dietary needs? If so, use the MENU PLANNER to develop a supply list.

Have you contacted all your health providers and discussed your plans with them?

Do health providers have complete contact information for you (routine and emergency)?

Have you identified your out of -area contact to them and provided contact information?

Do medical providers have plans to continue your care after a disaster? What are the plans?

If you need care in a hospital, make prior arrangements with your doctor.

Have you completed the Special Medical Needs Application?

What is your Special Medical Needs Shelter assignment?

You must have a caregiver to be in a Special Medical Needs Shelter. Who is your caregiver?

If you do not live with them, how will you contact them?

Do you have a Service Animal? If yes, complete the SERVICE ANIMAL FORM

### NOTES

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## MEDICATION LOG

| Name of the Person Taking These Medications | Date This Form Was Completed or Updated |
|---|---|
|   |   |

|                                 |   |
|---------------------------------|---|
| <b>Primary Care Physician</b>   | <b>Your Account Information (if needed)</b> |
| <b>Regular Telephone Number</b> | <b>Emergency Telephone Number</b>           |

|                      |                  |                   |                        |
|----------------------|------------------|-------------------|------------------------|
| Name of Medication   | Dosage and Times | Reason for taking | Size, Shape, Color     |
|                      |                  |                   |                        |
| Prescribed by Doctor | Doctor Telephone | Refill Number     | Pharmacy and Telephone |

|                      |                  |                   |                        |
|----------------------|------------------|-------------------|------------------------|
| Name of Medication   | Dosage and Times | Reason for taking | Size, Shape, Color     |
|                      |                  |                   |                        |
| Prescribed by Doctor | Doctor Telephone | Refill Number     | Pharmacy and Telephone |

|                      |                  |                   |                        |
|----------------------|------------------|-------------------|------------------------|
| Name of Medication   | Dosage and Times | Reason for taking | Size, Shape, Color     |
|                      |                  |                   |                        |
| Prescribed by Doctor | Doctor Telephone | Refill Number     | Pharmacy and Telephone |

|                      |                  |                   |                        |
|----------------------|------------------|-------------------|------------------------|
| Name of Medication   | Dosage and Times | Reason for taking | Size, Shape, Color     |
|                      |                  |                   |                        |
| Prescribed by Doctor | Doctor Telephone | Refill Number     | Pharmacy and Telephone |

## MEDICATION LOG

| Name of the Person Taking These Medications | Date This Form Was Completed or Updated |
|---|---|
|   |   |

|                                 |   |
|---------------------------------|---|
| <b>Primary Care Physician</b>   | <b>Your Account Information (if needed)</b> |
| <b>Regular Telephone Number</b> | <b>Emergency Telephone Number</b>           |
|                                 |   |

|                      |                  |                   |                        |
|----------------------|------------------|-------------------|------------------------|
| Name of Medication   | Dosage and Times | Reason for taking | Size, Shape, Color     |
|                      |                  |                   |                        |
| Prescribed by Doctor | Doctor Telephone | Refill Number     | Pharmacy and Telephone |
|                      |                  |                   |                        |

|                      |                  |                   |                        |
|----------------------|------------------|-------------------|------------------------|
| Name of Medication   | Dosage and Times | Reason for taking | Size, Shape, Color     |
|                      |                  |                   |                        |
| Prescribed by Doctor | Doctor Telephone | Refill Number     | Pharmacy and Telephone |
|                      |                  |                   |                        |

|                      |                  |                   |                        |
|----------------------|------------------|-------------------|------------------------|
| Name of Medication   | Dosage and Times | Reason for taking | Size, Shape, Color     |
|                      |                  |                   |                        |
| Prescribed by Doctor | Doctor Telephone | Refill Number     | Pharmacy and Telephone |
|                      |                  |                   |                        |

|                      |                  |                   |                        |
|----------------------|------------------|-------------------|------------------------|
| Name of Medication   | Dosage and Times | Reason for taking | Size, Shape, Color     |
|                      |                  |                   |                        |
| Prescribed by Doctor | Doctor Telephone | Refill Number     | Pharmacy and Telephone |
|                      |                  |                   |                        |

## PLAN FOR ANIMALS

Pet sheltering will be available in every event on a first come – first serve basis for pets and their owners residing in areas or structures under MANDATORY EVACUATION orders.

**Service animals are allowed in all shelters.** The owner is responsible for maintaining control of the animal and providing food, water and other animal needs.

Some motels and hotels allow pets. Research locations and include locations outside our immediate area in case local facilities are closed or full. Make your reservations early. Helpful websites include: [www.pet-friendly-hotels.com](http://www.pet-friendly-hotels.com) [www.petswelcome.com](http://www.petswelcome.com) .

Gather the following supplies. Make sure you have separate supplies for each animal. Even animals that normally get along well together should be handled and caged separately.

- A sturdy cage or carrier for each animal. Label it with your contact information.
- One week supply of food and water in spill proof containers with a manual can opener
- Non-spill food and water bowls
- Medications (including heartworm and flea and tick preventative)
- Leash with collar and/or harness and a muzzle for cats and dogs
- Comfort items (favorite toy, blanket, treats)
- Sanitary clean-up supplies (cat litter, pan and scoop, plastic bags, paper towels, newspaper)
- First Aid kit and Manual (available at pet stores or contact your vet)

Gather and store important records and documents in waterproof containers.

- Ownership papers
- Recent, good quality, pictures from all angles (many animals look alike to strangers)
- Up to date Veterinary and Vaccination Records
- Make sure your animal wears a collar with rabies tags and identification tags as appropriate
- RFID information (ask your vet about this)

Collect and record important information as part of this plan.

|   |  |
|---|--|
| Veterinarian Name and<br>Emergency Telephone Number |  |
| RFID Chip Identification Number                     |  |
| Tattoo ID Number (if applicable)                    |  |
| Rabies Tag Number (for each animal)                 |  |

## Create a Family HURRICANE Plan

A personal safety plan can make your family safer during hurricane season.

First, know your EVACUATION ZONE, designated by a single letter A, B, C, D, or E. (See the current ALL HAZARDS GUIDE or use the LeeAlert smartphone app)

Next, know your home's vulnerability to **fresh water flooding** and **wind**. Your plan is based on this knowledge. The following options will help guide your decision to stay at home or evacuate.

**Option A: Stay at home.** If your home can withstand the expected winds, and you are away from the coast and not in a flood prone area, consider staying home. **Never stay in your home if your area is under an EVACUATION ORDER.**

**Option B: Stay with a relative, friend, or hotel outside the evacuation area.** If you plan to do this, make arrangements in advance. Consider where you will go if the friend or relative is not home.

**Option C: Relocate out of the area.** Local officials will tell you which evacuation routes to use. Plan your route ahead of time, also plan alternate routes. Include maps and directions in your hurricane kit. Leave early to avoid high winds and flooding.

**Option D: Go to a public shelter** if you have no safe place to go. Local media will announce which shelters are open. Do not wait until the last minute to learn the route to the shelter.

- Evacuate if ordered.
- If you live in an older mobile home or on a boat, you must evacuate.
- Execute your family plan.
- Respond quickly but without panic.

**Gather and record important information in this booklet to create your Family Hurricane Plan. This plan will help you and your family prepare for Hurricane Season. After your plan is complete, discuss it with everyone involved and keep a copy in your Hurricane Kit.**

## HURRICANE PREPAREDNESS CHECKLIST

|  |  |
|--|--|
| <b>What is the Storm Surge Evacuation Zone where your home is located?</b><br>(see the current ALL HAZARDS GUIDE or LeeAlert smartphone app) |  |
| <b>What is the finished floor elevation for your home's first floor?</b>   |  |

| YES  | NO                       |   |
|--|--------------------------|---|
| <input type="checkbox"/>   | <input type="checkbox"/> | I live in a Storm Surge Evacuation Zone A.      |
| <input type="checkbox"/>   | <input type="checkbox"/> | I live in an older mobile or manufactured home. |
| <input type="checkbox"/>   | <input type="checkbox"/> | I live in an RV or onboard a boat.              |
| <input type="checkbox"/>   | <input type="checkbox"/> | I live on an island.                            |
| <p>If you answered YES to any of these, you are in the group most likely to be evacuated for any storm because you are at risk for both wind and surge. You will be among the first to evacuate. Keep your plan handy, prepare your supplies, and evacuate immediately if ordered.</p> |                          |   |

| YES   | NO                       |  |
|---|--------------------------|--|
| <input type="checkbox"/>  | <input type="checkbox"/> | My home does not have storm shutters or other code approved window protection. |
| <input type="checkbox"/>  | <input type="checkbox"/> | My home does not have a hurricane rated garage door.                           |
| <input type="checkbox"/>  | <input type="checkbox"/> | My home has a gabled roof.   |
| <p>If you answered yes to any of these questions, you should protect and strengthen those areas. If you have not addressed these, you should probably evacuate.</p> |                          |  |

| YES  | NO                       |  |
|--|--------------------------|--|
| <input type="checkbox"/>   | <input type="checkbox"/> | I am required to purchase flood insurance.   |
| <input type="checkbox"/>   | <input type="checkbox"/> | My home was built prior to 2003.   |
| <input type="checkbox"/>   | <input type="checkbox"/> | There are large trees that could hit my house if they blew over.   |
| <input type="checkbox"/>   | <input type="checkbox"/> | My home has two or more stories constructed of different materials. (i.e. CBS lower story and wood framed upper story) |
| <input type="checkbox"/>   | <input type="checkbox"/> | I live in a building with an elevator and would have a hard time getting in and out if the elevator did not work.      |
| <p>If you answered yes to any of these questions, you or your home may be vulnerable to the impact of a hurricane. You should consider evacuation.</p> |                          |  |

## HURRICANE PREPAREDNESS CHECKLIST

### Hurricane Season

| Done                     | To Do                    | N/A                      | June 1 <sup>st</sup> or Just Before the Start of Hurricane Season |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Review your plan before the start of hurricane season             |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Get familiar with your evacuation route and preferred location    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Keep your prescriptions full and up-to-date (include OTC meds)    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pack a First Aid Kit, include sunscreen and insect repellent      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Get a car charger (or solar charger) for your cell phone          |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Post emergency numbers by each phone and in your supply kit       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Keep your vehicles fueled   |

| Done                     | To Do                    | N/A                      | 72 Hours before the Storm  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hold a family meeting to discuss your plans and options            |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Monitor local TV or radio and listen for evacuation orders         |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Check food and other supplies                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Withdraw cash from bank  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pay bills that are due soon  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If you plan to go to a hotel, make your reservations               |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fill your car's fuel tank, check tire pressure and fluid levels    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Write down phone numbers of family/friends                         |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Gather valuables to take with you or put them in a safe place      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Start freezing water in containers or zip lock bags (fill freezer) |

| Done                     | To Do                    | N/A                      | 48 Hours before the Storm (Hurricane Watch Issued)              |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Turn your refrigerator and freezer to the coldest setting       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pack clothes (for hot/cool weather; sturdy shoes and rain gear) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Move patio furniture and other loose items indoors              |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Monitor TV/radio weather information                            |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Install window shutters   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Continue monitoring local TV/radio for current information      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Take down awnings and canopies                                  |

| Done                     | To Do                    | N/A                      | 36 - 24 Hours before the Storm (Hurricane Warning Issued)           |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If you are staying in your home, put supplies in the safe room      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fill bath tub with water (for sanitary use ... not drinking)        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Super chlorinate your swimming pool (do not drain it)               |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If evacuating, pack car   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If evacuating, turn off water/electricity (empty frig / freezer on) |

## PLAN FOR BOATS and RVs

Do not weather the storm in your boat, RV, or mobile home. Develop a detailed plan to secure your vessel well before hurricane season. Practice your plan. Take action early. The storm's fringe activity will make preparations more difficult.

| Done                     | <b>Do not weather the storm in your boat.</b>  |
|--------------------------|--|
| <input type="checkbox"/> | Consolidate all records (recent photo, registration, insurance policies, equipment inventory, and marina or storage agreement) and important telephone numbers.  |
| <input type="checkbox"/> | Check your lease or storage rental agreement. Know your responsibilities and liabilities as well as those of the marina.   |
| <input type="checkbox"/> | If possible, do not leave boats on davits or on a hydro lift.  |
| <input type="checkbox"/> | Move small boats to safe shelter or put your boat in the garage, if you have room.   |
| <input type="checkbox"/> | If your boat remains in berth, check the integrity of primary cleats, winches, and chocks. Use substantial backing plates and adequate stainless steel bolts.  |
| <input type="checkbox"/> | Double all lines with crossing spring lines fore and aft. Attach lines high on pilings to allow for surge. Protect lines from chafing with heavy duty chafing gear.  |
| <input type="checkbox"/> | Charge batteries for automatic bilge pumps.  |
| <input type="checkbox"/> | Seal all opening with duct tape to make boat as water tight as possible.   |
| <input type="checkbox"/> | Use heavy duty dock fenders to reduce dock and piling crash damage.  |
| <input type="checkbox"/> | Remove loose gear from the deck. Store it securely inside or at home.  |
| <input type="checkbox"/> | For a boat on a trailer, lash the boat and trailer down in a protected area. Let the air out of the tires before tying the trailer down. Place blocks between the frame and axle, inside each wheel. Secure with heavy lines to fixed objects in all 4 directions. Small boats may be filled with water for added weight after lashing down. |
| <input type="checkbox"/> | Remove the outboard motor, battery, electronics and store them.  |

| Done                     | <b>Do not weather the storm in your mobile home, travel trailer or RV.</b>     |
|--------------------------|--|
| <input type="checkbox"/> | Check tie downs.   |
| <input type="checkbox"/> | Put up storm shutters.   |
| <input type="checkbox"/> | Stow / Secure awnings, antennae or other attached items.                       |
| <input type="checkbox"/> | Secure all loose articles in yards and around the unit.                        |
| <input type="checkbox"/> | Inspect your vehicle to ensure it is roadworthy and leave early if evacuating. |

|                            |                                    |
|----------------------------|------------------------------------|
| <b>Boat / RV Insurance</b> | <b>Company Name</b>                |
| <b>Policy Amount</b>       | <b>Policy Number</b>               |
| <b>Deductible</b>          | <b>Telephone Number for Claims</b> |







## HOUSEHOLD INVENTORY

| Home Appliances |             |               |      |       |
|-----------------|-------------|---------------|------|-------|
| Item            | Brand/Model | Serial Number | Date | Price |
| Refrigerator    |             |               |      |       |
| Freezer         |             |               |      |       |
| Stove           |             |               |      |       |
| Oven            |             |               |      |       |
| Microwave       |             |               |      |       |
| Mixer           |             |               |      |       |
| Food Processor  |             |               |      |       |
| Blender         |             |               |      |       |
| Toaster         |             |               |      |       |
| Toaster Oven    |             |               |      |       |
| Can Opener      |             |               |      |       |
| Coffee Maker    |             |               |      |       |
| Pots and Pans   |             |               |      |       |
|                 |             |               |      |       |
|                 |             |               |      |       |
| Clock           |             |               |      |       |
| Telephone       |             |               |      |       |
| Washer          |             |               |      |       |
| Dryer           |             |               |      |       |
|                 |             |               |      |       |
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## HOUSEHOLD INVENTORY

| <b>Home Furnishings - Review Each Room (use additional pages as needed)</b> |             |               |      |       |
|---|-------------|---------------|------|-------|
| Item  | Brand/Model | Serial Number | Date | Price |
| Sofas   |             |               |      |       |
| Chairs  |             |               |      |       |
| Cabinetry   |             |               |      |       |
| Bookcase  |             |               |      |       |
| Books   |             |               |      |       |
| Lamps   |             |               |      |       |
| Rugs  |             |               |      |       |
| Mirrors   |             |               |      |       |
| Curtains/Draperies  |             |               |      |       |
| Tables  |             |               |      |       |
| Telephone   |             |               |      |       |
| Dining Table  |             |               |      |       |
| Dining Chairs   |             |               |      |       |
| China / Silverware  |             |               |      |       |
| China Hutch   |             |               |      |       |
| Cabinetry   |             |               |      |       |
| Lighting  |             |               |      |       |
| Bed Frame   |             |               |      |       |
| Mattress / Springs  |             |               |      |       |
| Dresser / Chests  |             |               |      |       |
| Tables  |             |               |      |       |
| Curtains / Drapery  |             |               |      |       |
| Mirrors   |             |               |      |       |
| Bookcase  |             |               |      |       |
| Nightstands   |             |               |      |       |





## HOUSEHOLD INVENTORY

| <b>Sports Equipment - Firearms (May require additional coverage.)</b> |               |               |      |       |
|---|---------------|---------------|------|-------|
| Item  | Brand / Model | Serial Number | Date | Price |
|   |               |               |      |       |
|   |               |               |      |       |
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|   |               |               |      |       |

| <b>Antiques – Musical Instruments – Furs – Other Collectibles<br/>(May require additional coverage.)</b> |               |               |      |       |
|--|---------------|---------------|------|-------|
| Item   | Brand / Model | Serial Number | Date | Price |
|  |               |               |      |       |
|  |               |               |      |       |
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|  |               |               |      |       |

## HOUSEHOLD INVENTORY

| Cars – Trucks – Boats – RVs |             |               |      |       |
|-----------------------------|-------------|---------------|------|-------|
| Cars – Trucks               |             |               |      |       |
| Item                        | Brand/Model | Serial Number | Date | Price |
| Satellite Radio             |             |               |      |       |
| Radar Detector              |             |               |      |       |
|                             |             |               |      |       |
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| Boats – RVs                 |             |               |      |       |
| Item                        | Brand/Model | Serial Number | Date | Price |
| Marine Radio                |             |               |      |       |
| EPIRB                       |             |               |      |       |
| Marine GPS                  |             |               |      |       |
| Radar                       |             |               |      |       |
| Sonar                       |             |               |      |       |
| CB Radio                    |             |               |      |       |
| Television                  |             |               |      |       |
| Stereo                      |             |               |      |       |
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