

ALEXANDER WALL CORPORATION

PRIORITY RESPONSE PROGRAM

In the event of fire, flood, spill or other property damage we request the following information be filled out in order to facilitate the recovery process as quickly and seamlessly as possible.

COMPANY INFORMATION

COMPANY NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

CONTACT PERSON: _____

PHONE: _____ FAX: _____

EMAIL: _____

INSURANCE COMPANY: _____

ACCOUNT NO _____:

ADDRESS: _____

PHONE: _____ FAX: _____

INSURANCE AGENCY: _____

ADDRESS: _____

PHONE: _____ FAX _____

DEDUCTABLE AMOUNT: _____

MISCELLANEOUS INFORMATION _____

BUILDING INFORMATION

SQUARE FOOTAGE: _____

NUMBER OF FLOORS: _____

DESCRIPTION OF BUILDING _____

BUSINESS CONTINUITY CONCERNS

Are there any special concerns that you feel Alexander Wall should be aware of in the event of an emergency? If so please check off and explain.

- Electronics
- Machines
- Electrical Systems
- Duct Work
- Security System
- Documents
- Office Work Stations
- Other

SPECIAL EQUIPMENT _____

MISCELLANEOUS CONCERNS: _____

HAZARDOUS MATERIALS

Do you have any of the following hazardous or regulated materials in your facility? If so please check off and explain.

- Lead Paint
- Mold
- Other
- PCB Light Ballasts
- Bird Waste

Please list any other hazardous materials you like us to be aware of including their locations: _____

PLEASE FORWARD THE ABOVE INFORMATION SHEET TO:

ALEXANDER WALL CORPORATION

60 Raynor Avenue
Ronkonkoma, New York 11779
P: 631-471-3131x185 F: 631-471-2905