



EMERGENCY RESPONSE PROGRAM

DISASTERS HAPPEN. WE TAKE CARE OF THEM ALL.

Name of Property: _____

Property Owner: _____

Property Address: _____

Emergency Contact Name: _____ Phone: _____

Alternate Contact: _____ Phone: _____

Fax: _____ Contact's Email: _____

Is there a special entrance, specific parking area, or security code / passes required to enter your facility that we should be aware of in advance? Yes No

If yes: _____

Any other concerns (ie – can only work after regular business hours):

Billing Section:

Billing Contact Name: _____ Phone: _____

Billing Address: _____

Insurance Company (if applicable): _____

Agent's Name: _____ Phone: _____

Deductible: _____

Office Use Only:

ERP Designated Number: _____ Date Membership Activated: _____

Please Mail or Fax To:

Bluewater Restoration, PO Box 69, Jarvisburg, NC 27947; Ph. 252-491-2500, Fax 252-491-5433