

Open for Businesssm

Key Contacts

Use this form to list the key contacts for administration of your business. Key contacts consist of those you rely on for administration of your business, such as your bank, your creditors, your insurance agent, accountant, etc. They also include services in the community you need to help you resume operations, such as utilities, emergency responders, media outlets, business partners and business organizations.

Your key customers are an essential part of this list. If you have more than 20 key customers, you should use the Vital Records form instead of listing each one here to avoid making your business continuity plan too bulky. Nevertheless, you still may want to include some of your major customers or clients in Key Contacts, as they could be involved with one or more of the critical business functions you identify for your recovery plan.

*You can download copies of this form from: http://www.ibhs.org/business_protection/
Save a blank version so you can make additional copies as needed.*

Type:

<input type="checkbox"/> Accountant	<input type="checkbox"/> Insurance Company (Claims Reporting)
<input type="checkbox"/> Bank	<input type="checkbox"/> Key Customer/Client
<input type="checkbox"/> Billing/Invoicing Service	<input type="checkbox"/> Local Newspaper
<input type="checkbox"/> Benefits Administration	<input type="checkbox"/> Local Radio Station
<input type="checkbox"/> Building Manager	<input type="checkbox"/> Local Television Station
<input type="checkbox"/> Building Owner	<input type="checkbox"/> Mental Health/Social Service Agency
<input type="checkbox"/> Building Security	<input type="checkbox"/> Payroll Processing
<input type="checkbox"/> Creditor	<input type="checkbox"/> Police Department (Non-emergency)
<input type="checkbox"/> Electric Company	<input type="checkbox"/> Public Works Department
<input type="checkbox"/> Emergency Management Agency	<input type="checkbox"/> Small Business Administration Office
<input type="checkbox"/> Fire Department	<input type="checkbox"/> Telephone Company
<input type="checkbox"/> Gas/Heat Company	<input type="checkbox"/> Other
<input type="checkbox"/> Hazardous Materials	Explain:
<input type="checkbox"/> Hospital	
<input type="checkbox"/> Insurance Agent/Broker	

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Key Contacts (cont.)

Name of Business or Service:			
Account Number (<i>If relevant</i>):			
Materials/Service Provided:			
Street Address:			
City, State, ZIP:			
Company/Service Phone (<i>main</i>):			
Primary Contact:		Title:	
Primary Contact Phone:		Primary Contact Cell:	
Primary Contact Pager:		Primary Contact Fax:	
Primary Contact Email:			
Alt. Contact Person:		Title:	
Alt. Contact Phone:		Alt. Contact Cell:	
Alt. Contact Pager:		Alt. Contact Fax:	
Alternate Contact Email:			
Website address:			
Recovery Notes:			