



Getting Hit By a Bus:

No organization likes to think about losing a valuable team member, but it happens. An unexpected loss of a team member is difficult for all members of the organization. The last thing anyone wants to think about at such a difficult time is the disruption in the flow of operations and the confusion of wondering where to start.

In an effort to make this daunting task easier, we have put together an easy-to-use form to organize the information that is necessary for your organization to continue with the logistics of day-to-day activities.

Use the space below to enter vital information such as account numbers, PIN numbers, and the locations of important documents. Keep this list someplace secure, but where someone in the organization can get to it quickly. Storing it in an encrypted electronic file on a flash drive is a good idea, as long as someone in the organization can recall the password for access. Reviewing the contents annually is also a good idea. Presnell Gage, PLLC, is here to help with any questions that you may have.

Bank Accounts

Bank Name: _____ Account #: _____ Phone #: _____

Password: _____ PIN: _____ Type: _____

Bank Name: _____ Account #: _____ Phone #: _____

Password: _____ PIN: _____ Type: _____

Bank Name: _____ Account #: _____ Phone #: _____

Password: _____ PIN: _____ Type: _____

Credit Cards

Bank Name: _____ Account #: _____ Phone #: _____

Password: _____ PIN: _____ Type: _____

Bank Name: _____ Account #: _____ Phone #: _____

Password: _____ PIN: _____ Type: _____

Bank Name: _____ Account #: _____ Phone #: _____

Password: _____ PIN: _____ Type: _____

Investment Accounts

Firm Name: _____ Account #: _____ Phone #: _____

Password: _____ PIN: _____ Agent: _____

Firm Name: _____ Account #: _____ Phone #: _____

Password: _____ PIN: _____ Agent: _____

Firm Name: _____ Account #: _____ Phone #: _____

Password: _____ PIN: _____ Agent: _____

Insurance Policies

Company: _____ Agent: _____

Phone #: _____ Policy #: _____ Type of Policy: _____

Location of Policy: _____

Company: _____ Agent: _____

Phone #: _____ Policy #: _____ Type of Policy: _____

Location of Policy: _____

Company: _____ Agent: _____

Phone #: _____ Policy #: _____ Type of Policy: _____

Location of Policy: _____

Company: _____ Agent: _____

Phone #: _____ Policy #: _____ Type of Policy: _____

Location of Policy: _____

Vendors and What Each Does for the Organization

Vendor: _____ Account Number: _____

Contact person: _____ Phone #: _____

Services provided: _____

Vendors and What Each Does for the Organization (continued)

Vendor: _____ Account Number: _____
Contact person: _____ Phone #: _____
Services provided: _____

Vendor: _____ Account Number: _____
Contact person: _____ Phone #: _____
Services provided: _____

Vendor: _____ Account Number: _____
Contact person: _____ Phone #: _____
Services provided: _____

Vendor: _____ Account Number: _____
Contact person: _____ Phone #: _____
Services provided: _____

Location of Documents and Backups

By-laws: _____

IRS Tax determination letter: _____

Back-up of Computer: _____

Procedure Manuals: _____

Professionals

Attorney: _____ Phone #: _____

Accountant: _____ Phone #: _____

Lewiston Office: 1216 Idaho Street, Lewiston, ID 83501 (208) 746-8281 Fax: (208) 746-5174
Moscow Office: 609 South Washington Street, Suite #202, Moscow, ID 83843 (208) 882-2211 Fax: (208) 883-3808
Pullman Office: 1230 SE Bishop Blvd., Pullman, WA 99163 (509) 332-6541 Fax: (888) 275-1132
Grangeville Office: 111 South Mill Street, Grangeville, ID 83530 (208) 983-1254 Fax: (208) 983-1406
Orofino Office: 216 Johnson Avenue, Orofino, ID 83544 (208) 476-3012 Fax: (208) 476-4564
Eagle Office: 1159 E. Iron Eagle Dr., Suite 100, Eagle, ID 83616 (208) 319-2929 Fax: (208) 319-2930

Professionals (continued)

Retirement Broker: _____ Phone #: _____

Investment agent: _____ Phone #: _____

Insurance agent: _____ Phone #: _____

I.T. Professional: _____ Phone #: _____

Scheduled events

Audit Schedule: _____ Auditing Firm: _____

Contact person: _____ Phone #: _____

Audits preformed: _____

Service Schedule: _____ Service Firm: _____

Contact person: _____ Phone #: _____

Service preformed: _____

Service Schedule: _____ Service Firm: _____

Contact person: _____ Phone #: _____

Service preformed: _____

Service Schedule: _____ Service Firm: _____

Contact person: _____ Phone #: _____

Service preformed: _____

Service Schedule: _____ Service Firm: _____

Contact person: _____ Phone #: _____

Service preformed: _____

Software Access Information

Program: _____ Log in: _____

Password: _____

Instructions on how to use software in performing duties: _____

Program: _____ Log in: _____

Password: _____

Instructions on how to use software in performing duties: _____

Program: _____ Log in: _____

Password: _____

Instructions on how to use software in performing duties: _____

Program: _____ Log in: _____

Password: _____

Instructions on how to use software in performing duties: _____
