

OWNER'S INSURANCE PREMIUM CREDIT REQUEST

This form should be completed and forwarded to your homeowner's insurance carrier for possible premium credit.

A. GENERAL INFORMATION:

Insured's Name and Address: _____

Insurance Company: _____ Policy No.: _____

Alarm Type: _____ Other

Type of Alarm: Burglary Fire Both

Installed by: _____ Serviced by: _____
Name Name

Address Address

B. NOTIFIES (Insert B = Burglary, F = Fire)

Local Sounding Device _____ Police Dept. _____ Fire Dept. _____

Central Station Name: _____

Address: _____

Phone: _____

C. POWERED BY: A.C. With Rechargeable Power Supply

D. TESTING: Quarterly Monthly Weekly Other _____

(continued on other side)

OWNER'S INSURANCE PREMIUM CREDIT REQUEST (cont.)

E. SMOKE DETECTOR LOCATIONS

- | | | | |
|---------------------------------------|--------------------------------------|--------------------------------------|--------------------------------|
| <input type="checkbox"/> Furnace Room | <input type="checkbox"/> Kitchen | <input type="checkbox"/> Bedrooms | <input type="checkbox"/> Attic |
| <input type="checkbox"/> Basement | <input type="checkbox"/> Living Room | <input type="checkbox"/> Dining Room | <input type="checkbox"/> Hall |

F. BURGLARY DETECTING DEVICE LOCATIONS:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Front Door | <input type="checkbox"/> Basement Door | <input type="checkbox"/> Rear Door | <input type="checkbox"/> All Exterior Doors |
| <input type="checkbox"/> 1st Floor Windows | <input type="checkbox"/> All Windows | <input type="checkbox"/> Interior Locations | |
| <input type="checkbox"/> All Accessible Openings, Including Skylights, Air Conditioners and Vents | | | |

G. ADDITIONAL PERTINENT INFORMATION:

Signature: _____ Date: _____