

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.: _____

Control Panel Model Number: _____

Type of Alarm: Burglary Fire Both

Installed by: _____ Name _____ Served by: _____ 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 _____

E. SMOKE DETECTOR LOCATIONS

Furnace Room Kitchen Bedrooms Attic

Basement Living Room Dining Room Hall

F. BURGLARY DETECTING DEVICE LOCATIONS:

Front Door Basement Door Rear Door All Exterior Doors

1st Floor Windows All windows Interior locations

All Accessible Openings, Including Skylights, Air Conditioners and Vents

G. ADDITIONAL PERTINENT INFORMATION:

Signature: _____ Date: _____