

# Security System Insurance Certificate

NAME \_\_\_\_\_ DATE INSTALLED \_\_\_\_\_

ADDRESS \_\_\_\_\_

CONTROL PANEL: MAKE \_\_\_\_\_ MODEL NO \_\_\_\_\_

CLASSIFICATION:  BURGLARY  FIRE  PANIC  LOW TEMPERATURE  
 OTHER \_\_\_\_\_

TYPE OF ALARM:  LOCAL  POLICE / FIRE CONNECT  OTHER \_\_\_\_\_

CENTRAL STATION:  DIGITAL  RADIO

TESTED:  ANNUALLY  QUARTERLY  MONTHLY  BY CUSTOMER

SERVICE:  SERVICE CONTRACT  LEASE - Exp. Date \_\_\_\_\_  PER CALL BASIS

BURGLAR ALARM:  EXTERIOR AUDIBLES  INTERIOR AUDIBLES  STROBE  
 DOORS PROTECTED  ACCESSIBLE WINDOWS  ALL WINDOWS  
 INTERIOR DOORS  MOTION SENSORS  OTHER \_\_\_\_\_

FIRE ALARM DETECTORS:  BEDROOM AREA  LIVING AREA  BASEMENT  SECOND FLOOR  
 ATTIC  GARAGE  OTHER \_\_\_\_\_

INSTALLED AND SERVICED BY: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPROVED BY \_\_\_\_\_