



## Certificate of Alarm System Monitoring

### Alarm Owner Information

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

### Alarm Company/Service Information

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

This alarm monitoring service may entitle you to a discount with your Homeowner/Business Owners insurance. Send this certificate to your insurance company, agent or broker.

Effective Monitoring Service Date \_\_\_\_\_

**Service(s) Provided:**     Primary     Back-up

**Functions Monitored:**     Fire     Panic     Holdup

Burglary     Medical     Temperature

Other \_\_\_\_\_     Maintenance/Mechanical

Panel Type \_\_\_\_\_

Model# \_\_\_\_\_

\_\_\_\_\_  
Dealer Signature

\_\_\_\_\_  
Date