



The Alarm Company Certificate of Installation

Customer name _____
Address _____
Phone number _____

This certifies that a CENTRAL STATION MONITORED ALARM SYSTEM
has been installed at the above listed residence. This installation
may entitle you to a discount on your insurance.

_____ Insurance Carrier _____

Carrier name _____
Address _____
Phone number _____

Classification:

- | | | |
|------------------------------------|---|---|
| <input type="checkbox"/> BURGLARY | <input type="checkbox"/> MANUALLY ACTIVATED | <input type="checkbox"/> AUTOMATIC FIRE ALARM |
| <input type="checkbox"/> Perimeter | <input type="checkbox"/> Panic | <input type="checkbox"/> Smoke Detector |
| <input type="checkbox"/> Interior | <input type="checkbox"/> Fire | <input type="checkbox"/> Heat Detector |
| <input type="checkbox"/> Alarmnet | | <input type="checkbox"/> Alarmnet |

Monitored by: National Monitoring Center (888) 278-9030

Underwriters Laboratories Listing No. S8126

Serviced by: THE ALARM COMPANY (408) 358-1500

State Alarm Operators License No. 2015

State Contractors License No. 575640

Date Installed _____

Signed _____

Date _____