

Protection One Alarm Monitoring

CERTIFICATE OF INSTALLATION

This certifies that Protection One Alarm Monitoring has installed an alarm system as identified below, in accordance with the company's standard installation policy. Residents MUST fill out the top portion of the form and return to Protection One to be completed and sent to the insurance company.

PROPERTY NAME:

PROPERTY ADDRESS:

INSURED'S NAME:

INSURED'S ADDRESS

INSURANCE COMPANY NAME:

**INSURANCE COMPANY ADDRESS, EMAIL
OR FAX NUMBER:**

ALARM COMPANY USE ONLY

Property ID: _____

Date system put on line: _____

Type of alarm: _____ Burglar _____ Fire _____ Both

Maintenance/Service Agreement: _____ Yes _____ No

Protection: _____ Interior _____ Exterior _____ Both

Type of Protection: _____ Contact Switches _____ Bedside Alert Button _____ Panel

Connected to U.L. Listed Central Station: _____ X Yes _____ No

24 Hour Monitoring Facility: _____ X Yes _____ No

Authorized Signature

Date

PROTECTION ONE MULTIFAMILY

FAX: 813-265-2694

5840 W. CYPRESS ST. SUITE A

TAMPA, FL 33607