



Insured's Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
(Please print)

Dwelling Location: \_\_\_\_\_  
(Please print street address, city, state and ZIP code)

I/we have qualified for a premium credit because I/we have taken preventive measures to help safeguard my/our home from the threat of fire or burglary.

**PROTECTIVE DEVICES AND SYSTEMS – select one option**

- A. Fire or smoke detector
- B. Local burglar alarm that is installed on all accessible doors and windows and includes an outside bell or siren and is capable of operating off battery power
- C. Fire or smoke detector, a fire extinguisher and deadbolt locks on all exterior doors
- D. Both A and B
- E. Both B and C
- F. Fire and/or burglar alarm reporting to either central station or fire department and/or police station
- G. Both A and F
- H. Both C and F
- I. An approved and properly maintained automatic sprinkler system with sprinklers in all areas including bathrooms, attics, and attached structures
- J. Both B and I
- K. Both F and I
- L. An approved and properly maintained automatic sprinkler system with sprinklers totally or partly omitted in bathrooms, closets, attics and attached structures and with fire detectors in all omitted areas
- M. Both B and L
- N. Both F and L

When applying for this credit, you agree to maintain the device(s) and/or system(s) in working order and to notify us promptly of any change made to the system or if it is removed.

\_\_\_\_\_  
Agent's signature

\_\_\_\_\_  
Insured's signature

\_\_\_\_\_  
Date

**COMPLETE THE SECOND PAGE IF THE REQUESTED CREDIT INCLUDES A FIRE AND/OR BURGLAR ALARM.**

**COMPLETE THIS PAGE IF THE REQUESTED CREDIT INCLUDES A FIRE AND/OR BURGLAR ALARM.**

Date of installation \_\_\_\_\_

Name of system \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Frequency with which the system is maintained and tested: \_\_\_\_\_

This system is designed to protect against:     Fire     Burglary     Both

Are all accessible windows protected?     Yes     No

Is there a back-up battery?     Yes     No

This system uses an outside:     Siren     Bell

**Fill out the information below if you have a reporting system.**

The system reports to:     Central Station

Name of Central Station: \_\_\_\_\_

Is the Central Station Underwriter's Laboratory (UL) listed?     Yes     No

Police/Fire Station