|  |
| --- |
| Replaced Certificate Serial No. |
| Click here to enter text. |

**Participant Companies**

|  |
| --- |
| **New** |
| **Replace Existing Certificate** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Alarm Monitoring Company\*** |  | **File Number\*** |  | **Service Center No. or City/Province\*** |
| Click here to enter text. |  | Click here to enter text. |  | Click here to enter text. | |
| **Monitoring Email Address\*** |  |  |  |  | |
| Click here to enter text. |  |  |  |  | |

|  |
| --- |
| **Protected Property Name\*** |
| Click here to enter text. |
| Click here to enter text. |
| Click here to enter text. |

|  |
| --- |
| **Protected Property Address\*** |
| Click here to enter text. |
| Click here to enter text. |
| Click here to enter text. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **City\*** |  | **Province\*** |  | **Postal Code\*** |
| Click here to enter text. |  | Click here to enter text. |  | Click here to enter text. |

**Period of Insurance (1 to 5 years) From\* Until\***

|  |
| --- |
| Click to enter a date. |

|  |
| --- |
| Click to enter a date. |

|  |  |  |
| --- | --- | --- |
| **File Number** |  | **Service Center No.** |
| Click here to enter text. |  | Click here to enter text. |

**Service/Installer Company**

**Service Type:** Choose an item.

**Service/Installer Location Details**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Company Name\*** | | Click here to enter text. | | | | |
|  |  | | | | | |
| **Address\*** | Click here to enter text. | | | | | |
| **City\*** | | |  | **Province\*** |  | **Postal Code\*** |
| Click here to enter text. | | |  | Click here to enter text. |  | Click here to enter text. |
| **Installer Email Address\*** | | |  |  |  |  |
| Click here to enter text. | | |  |  |  |  |

**Basic Alarm Information**

**System Type:** Commercial Type Burglar Alarm

|  |  |
| --- | --- |
| Premise | Extent of Protection\*  Choose an item |

|  |  |
| --- | --- |
| Safe Partial | Number of Systems\*  Enter text |
| Safe Complete | Number of Systems\*  Enter text |

|  |  |  |
| --- | --- | --- |
| Stock Room | Extent of Protection\*  Choose an item | Number of Systems\*  Enter text |

|  |  |  |  |
| --- | --- | --- | --- |
| Night Repository | | Extent of Protection\*  Choose an item | Number of Systems\*  Enter text |
| Vault | Extent of Protection\*  Choose an item | | Number of Systems\*  Enter text |
| ATM | Extent of Protection\*  Choose an item | | Number of Systems\*  Enter text |
| Other | Number of Systems\*  Enter text | |

|  |
| --- |
| **Service Response Time and Comments (eg. Next Business Day)** |
|  |

**Additional Information**

|  |
| --- |
| **Transmission Method** |
| Choose an item. |

|  |
| --- |
| **Line Security** |
| Choose an item. |

|  |
| --- |
| **Line Security Level** |
| Choose an item. |

|  |
| --- |
| **Extent of Protection** |
| Choose an item. |

|  |
| --- |
| **Schedule** |
| Choose an item. |

|  |
| --- |
| **Circuit Supervision** |
| Choose an item. |

**Control and Transmitter Unit**

|  |  |
| --- | --- |
| **Control Unit Mfr and Model Number\*** | **Subscriber/Account Number\*** |
| Click here to enter text. | Click here to enter text. |