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

**Participant Companies**

|  |
| --- |
| [ ] **New** |
| [ ] **Replace Existing Certificate** |

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

**Basic Alarm Information**

|  |  |  |
| --- | --- | --- |
| **Fire Alarm Verification** | **Standard\*** | **Edition Year** |
| Choose an item. | Choose an item. | Choose an item. |
| **Please Declare your Authority Having Jurisdiction** |  |
| Click here to enter text. |
| **Please List any Responding Fire Department** |
| Click here to enter text. |

|  |
| --- |
| **General Comments and Clarifications** |
| Click here to enter text. |

**Detection and Annunciation**

|  |
| --- |
| **Local F/A Interconnection** |
| Choose One |

|  |
| --- |
| ***Automatic Fire Detection and Alarm Service (Number of Devices, Location and Coverage Type*** |
| [ ] Smoke Detectors | [ ] Duct Detectors | [ ] Heat Detectors | [ ] Other Detectors |
| Quantity | Quantity | Quantity | Describe Description |
| Ion: QTY | Ion: QTY | ROR: QTY | Click here to enter text. |
|  Photo: QTY | Photo: QTY | Fixed Temp: QTY |
| **Total** QTY | **Total** QTY | Combination: QTY | Quantity: QTY |
|  |  | **Total** QTY | **Total** QTY |
|  |  |  |  |

|  |
| --- |
| **Sprinkler System Waterflow Alarm and Supervisory Service** |
| **System Type\*** | **Fire Panel** |  |
| [ ] Bell Sounds | Quantity\*Enter QTY | [ ] Audio/Visual Signals | Quantity\*Enter QTY | Signal Type\*Choose One |
| [ ] Horn Sounds | Quantity\*Enter QTY | [ ] Visual Only | Quantity\*Enter QTY | Signal Type\*Choose One |
| [ ] Chime Sounds | Quantity\*Enter QTY | [ ] Other Notifications | Quantity\*Enter QTY | Signal Type\*Choose One |

**Additional Information**

|  |
| --- |
| **Emergency Voice Alarm System** |
|  **Please Select All Available Emergency voice Alarm System Types***\*If quantity and location of devices does not comply with the standards, please describe it in the deviations* |
| [ ] Voice/Alarm Channels | [ ] Speakers | [ ] Speaker Zones | [ ] Telephone or Telephone Jacks Fire Services |
| QTY | QTY | QTY | QTY |

|  |
| --- |
| **Manual Fire Alarm and Guards Tour Supervisory Services** |
| **Please Select All Available Devices and Services** *\*If proper number of fire alarm boxes required by standards is not installed, please describe it in deviations* |
| [ ] Manual Fire Alarm Boxes | [ ] Guard Tour Stations | [ ] Combination Manual Fire and Guard Tour Stations |
| QTY | QTY | QTY |

|  |  |
| --- | --- |
| **Control Unit Mfr and Model Number\***  | **Subscriber/Account Number\*** |
| Click here to enter text. | Click here to enter text. |
| ***Please describe any services not in accordance with Code Standards\*. Enter ‘None’ if there are no System Deviations*** |
| Click here to enter text. |