



Policy # _____

1 111 Ashworth Road - West Des Moines, IA 50265-3538

APPLICATION FOR ANTI-THEFT DISCOUNT

Available to a vehicle rated as a private passenger automobile which is insured under Comprehensive Coverage.

I hereby apply for a Comprehensive Coverage anti-theft discount on **the following vehicle:**

Make: _____ Year: _____

Model: _____ VIN # _____

The anti-theft device does one or more of the following, as checked, when activated unless the vehicle is entered and started by means of a lock system:

- 1. sounds an audible alarm,
- 2. sounds vehicle's horn,
- 3. flashes vehicle's lights,
- 4. renders vehicle inoperable.

THE DEVICE MUST BE SELF-ACTIVATING UPON THE LOCKING OF THE PASSENGER DOORS OF THE VEHICLE

I certify that the anti-theft devices checked have been installed.

X _____
Signature of applicant or named insured Date

X _____
Signature of installer (signature of installer not necessary if applicant or named insured sends copy of proof of installation from installer or vehicle manufacturer with this form)