

Central Station Signaling System Certificate

(To be completed by servicing alarm company)

RETURN WITHIN 30 DAYS

Corporate ID: _____ Agent No. 34-722
Insurance Policy No.: _____ Agent : Phelps Financial Services, Inc..
Named Insured : _____
Address : _____

Alarm Company : _____ Phone # _____
Address(es) and Description of Building Monitored : Account # _____

Responding Fire Department : _____ Phone # _____
Certificate Date Issued : _____ Expires : _____

Alarm system Manufacturer and Model

Alarm Transmission to Central Station or Fire Department

- YES
 NO

Automatic Fire Detection and Alarm Services

- Water flow
 Heat Operation Detection
 Smoke Detection
 Full Service

(Partial coverage (indicate locations):

24- Hour Monitoring)

- Yes
 No

Alarm Company Contact _____ Title _____

Date Form Completed _____ Signature of Alarm Rep _____

Date Alarm System Installed _____ Installation Company _____