

Aspen Insurance UK Limited California Homeowners Program

This form should be completed by the Central Station Monitoring Company.

A. GENERAL INFORMATION:

Insured's Name: _____

Insured's Address: _____

B. NOTIFIES: (Check proper boxes)

Local Sounding Device: Burglary Fire Interior Flow Valve

Fire Department: Burglary Fire Interior Flow Valve

Central Station: Burglary Fire Interior Flow Valve

Police Department: Burglary Fire Interior Flow Valve

Alarms sensors U/L Listed: YES NO

Standby power supply: YES NO

C. SMOKE AND HEAT DETECTOR LOCATIONS: (Insert S for SMOKE, H for HEAT detectors)

____Bedroom ____Dining Room ____Furnace Area ____Garage

____Attic ____Hall ____Living Room ____Kitchen

Other Locations: _____

Total Number of smoke and heat detectors connected to the central station system in the entire dwelling: _____

D. BURGLARY PROTECTION DEVICES: (Check appropriate boxes)

Front Door Rear Door Basement Door All Exterior Doors

1st Floor Windows 2nd Floor Windows All Windows

Channel Protection

All moveable accessible openings protected with contacts with intrusion protection of one or more invisible rays or channels of radiation.

Other Locations: _____

Burglary error verification: YES NO

E. ADDITIONAL PERTINENT INFORMATION:

Servicing Alarm Company: _____

Address: _____

Company Representative: Signature: _____ Date: _____