

PROTECTIVE ALARM VERIFICATION

I, _____ affirm that I have an
Your Name

active burglar/fire alarm with _____ installed in
Circle as applies Alarm Company Name

my home, at _____
Property Address

This alarm is: _____ connected to a central station.
Please Initial Correct Choices

_____ a local alarm only.

_____ I live in a gated community.

I also affirm that my alarm will remain active during my homeowner's
Policy period with Lexington. I will notify my agent or Insurance company
immediately in the event that my service is discontinued.

Applicant's Signature

_____/_____/_____
Date