



SAN MARINO SECURITY SYSTEMS, INC.

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 Office (626) 285-7778 • Fax (626) 285-7181

"OVER TWELVE YEARS
 IN LAW ENFORCEMENT"

ALARM CERTIFICATE

CUSTOMER NAME:		DATE REQUESTED:	
CUSTOMER SERVICE ADDRESS:		STATE:	ZIP:
INSURANCE CARRIER NAME:	AGENT NAME:	AGENT PHONE #:	
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INSURANCE CARRIER ADDRESS:		STATE:	ZIP:
<p>How would you like the Certificate sent to your Agent? <input type="checkbox"/> EMAILED <input type="checkbox"/> FAXED <input type="checkbox"/> MAILED</p> <p>EMAIL: _____ FAX #: (_____)_____</p>			
<p>Would you like to receive a copy of the Certificate for your records? If so how would you like it sent?</p> <p style="text-align: center;"><input type="checkbox"/> EMAILED <input type="checkbox"/> FAXED <input type="checkbox"/> MAILED</p> <p>EMAIL: _____ FAX #: (_____)_____</p> <p>ADDRESS (list only if different than service address): _____</p>			
HOMEOWNER'S POLICY NUMBER:			
ACCOUNT PASSWORD (for Security Purposes):			
MISC. NOTES (optional):			