



*P.O. Box 12100  
Rock Hill, SC 29731  
327-7233 phone  
326-5707 fax*

### **Owner's Insurance Premium Credit Request.**

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Insured's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

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Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

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Type of Alarm: Burglary: \_\_\_\_\_ Fire: \_\_\_\_\_ Both: \_\_\_\_\_

Type of System: \_\_\_\_\_

Monitored: Yes/No Burglary: \_\_\_\_\_ Fire: \_\_\_\_\_ Both: \_\_\_\_\_

Installed and/or Serviced by: Comporium Security  
P. O. Box 306  
Rock Hill, SC 29731

Powered by AC with rechargeable power supply.

Testing:  Monthly  Other \_\_\_\_\_

Smoke Detector Location(s):  
\_\_\_\_\_

Burglary Detection Device Locations:

Front Door  Back Door  Side Door  All Doors  Windows

Number of Motion Detectors \_\_\_\_\_ Number of Glass Break Detectors \_\_\_\_\_

Additional Information:

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_