Girsh Alarm Company, Inc.
8035 Old York Road
PO Box 29780
Elkins Park, PA 19027

215-782-9911 *phone*
215-635-9808 ***fax***
Service@GirshAlarm.com *email*

Request for alarm certificate

Please complete the following information:

Client name: _____

store # or area: _____

address 1: _____

address 2: _____

city/state/zip: _____

phone #: _____ - _____ - _____ fax #:_____ - _____ - _____

I have been instructed how to use the installed equipment (initial): _____
I have been instructed how to test the alarm equipment and will do so periodically (initial): _____
I acknowledge receipt of the alarm equipment's user manual (initial): _____
I have been offered a system inspection so that Girsh Alarm can complete the certificate: ____yes ____no
I accepted the offer to perform an inspection: ____(initial). Or I refused the inspection: ____ (initial).
The installation or repair work has been completed satisfactorily: ____yes ____no
If no, please note exceptions below:

_____
_____

Please tell us about your insurance agent or carrier:

insurance agent: _____

agency name: _____

address 1: _____

address 2: _____

city/state/zip: _____

phone #:_____ - _____ - _____ ext:_____ fax: _____ - _____ - _____

email address: _____

policy #: _____

I am authorized to sign on this account. I understand that this information will be added to and become part of my original agreement with Girsh Alarm Company, Inc.:

authorized by (signature):_____ date:____/____/_____

faxed on ____/____/_____ at ____:____ or mailed to agent/carrier on ____/____/_____

form name: forms/request for insurance certificate 2024 update; last updated 2010-05-21; 2024-04-04