



## Policy Information:

Name of Insured: \_\_\_\_\_

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

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

## Affected System(s):

*Please check all that apply:*

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Fire Alarm System          | <input type="checkbox"/> Fire Main           | <input type="checkbox"/> Firewater Storage Tank |
| <input type="checkbox"/> Burglary Alarm System      | <input type="checkbox"/> Intrusion Detection |   |
| <input type="checkbox"/> Automatic Sprinkler System | <input type="checkbox"/> Fire Pump(s)        |   |
| <input type="checkbox"/> Other (please describe):   | _____  |   |

## Duration and Purpose:

Start Date: \_\_\_\_\_ Estimated End Date: \_\_\_\_\_

Start Time: \_\_\_\_\_ Estimated End Time: \_\_\_\_\_

- Reason for Impairment:
- |   |   |
|---|---|
| <input type="checkbox"/> Maintenance being performed  | <input type="checkbox"/> Flaw/Defect Detected |
| <input type="checkbox"/> Vendor Contract Interruption | <input type="checkbox"/> System Removed       |
| <input type="checkbox"/> Other (please describe)      | _____   |

Affected Area (please describe): \_\_\_\_\_

Additional Precautions Being Followed During Impairment (please describe): \_\_\_\_\_

## Completed by:

Name (please print): \_\_\_\_\_

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

Send completed form to: [commercial@staebler.com](mailto:commercial@staebler.com). Please resend an updated form if any changes occur.