



INSURANCE DISCOUNT APPLICATION

This discount application must be completed in order to send your Alarm Certificate to your insurance company to allow for any discount that may apply to your insurance premium.

Please fill in all fields and return by fax to (613) 860-0396 or [admin@allsecure.com](mailto:admin@allsecure.com) at your earliest convenience.

Customer Name: \_\_\_\_\_

Customer Address: \_\_\_\_\_

Customer Account #: \_\_\_\_\_

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

Agents Name: \_\_\_\_\_

Insurance Policy #: \_\_\_\_\_

Insurance Company Fax or email: \_\_\_\_\_

Please note if you do not complete and return the form Alliance Security of Ottawa can not forward the necessary information to your insurance company.