

[Date]

[Insured Name]

[Mailing Address]

[City, State, Zip Code]

Re: Policy Number: [Policy Number]

Dear [Insured Name],

This letter serves as formal acknowledgment of the **Fire Alarm Protective Safeguards Endorsement** attached to your insurance policy. This endorsement is a condition of your coverage.

By accepting this policy, you agree to maintain the following protective safeguards in complete working order at the premises described in the declarations:

- An approved fire alarm system connected to a central station or reporting to a public or private fire alarm station.
- All equipment related to the fire alarm system must be tested and maintained under a service contract.

**Important Notice:** As a condition of this insurance, you are required to notify us immediately if any of the following occur:

- The fire alarm system is disconnected, impaired, or found to be non-functional.
- The maintenance or monitoring contract is canceled or expires.
- You receive notice that the system is no longer monitored by a central station.

Please be advised that failure to maintain these safeguards or failure to notify us of any impairment to the system may result in a denial of coverage in the event of a fire-related loss.

Please sign and return a copy of this acknowledgment for our records.

Sincerely,

[Agent/Broker Name]

[Agency Name]

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**Insured Acknowledgment:**

I have read and understand the requirements of the Fire Alarm Protective Safeguards Endorsement.

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