

[Current Date]

[Policyholder Name]

[Mailing Address]

[City, State, Zip Code]

Re: Policy Number: [Policy Number]

Dear [Policyholder Name],

This letter serves as formal acknowledgment of the **Burglar Alarm Protective Safeguards Endorsement** attached to your insurance policy.

By accepting this policy, you acknowledge and agree to the following conditions required to maintain coverage:

- **Maintenance:** You agree to maintain the burglar alarm system in complete working order at all times.
- **Activation:** You agree to activate the system and ensure it is in operation during all off-business hours or whenever the premises are left unattended.
- **Contract:** You agree to maintain a valid monitoring contract with a professional alarm service provider (if applicable).

Important Notice: Please be advised that failure to comply with these conditions-such as failing to turn on the alarm or failing to maintain the system-may result in a denial of coverage in the event of a theft or burglary loss.

If the alarm system becomes inoperable for any reason, you must notify our agency or the insurance company immediately.

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

Sincerely,

[Agent/Company Name]

[Phone Number]

Acknowledgment Signature:

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

Signature: _____ Date: _____