

NORTH CAROLINA ALARM SYSTEMS LICENSING BOARD

ASLB 3

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E-Mail: PPSASL@ncdoj.gov
Web Page: www.ncdoj.gov/ASL.aspx

LICENSE APPLICANT

FINANCIAL RESPONSIBILITY LIABILITY INSURANCE CERTIFICATE

THIS IS TO CERTIFY THAT:				
	(INSURA	ANCE COMPANY)		
MAILING ADDRESS:				
(Po Box or Street)	(City)		(State)	(Zip)
HAS REVIEWED NORTH CAROLINA GENI	ERAL STATUTE 74D-9(d	l),(e) & (f), AND HA	S ISSUED AND HAS	S COVERAGE FOR:
NAME OF LICENSEE:				
IOME ADDRESS:				
(Po Box or Street)	(City)	(State)	(County)	(Zip)
COMPANY BUSINESS NAME:				
MAILING ADDRESS:				
(Po Box or Street)		(City)	(State)	(Zip)
AUTHORIZED BY G.S. 74D-9(d) OBLIGATING INTO SURED OR HIS AGENTS OPERATING INTO SERSON AND \$100,000 FOR TWO OR DOCCURRENCE. THE INSURANCE OR SURETY COMPANY SERVICE OF THE ALARM SYSTEMS LICENSING BOAT OF THE CANCES OF THE CONDITION PRECEDENT TO THE CANCES OF THE CONDITION IS NOT SATISFIED, AND SERVICE OF THE CANCES OF THE CONDITION IS NOT SATISFIED, AND SERVICE OF THE CANCES OF	THE COURSE AND SCOP MORE PERSONS, EAC HALL GIVE AT LEAST T ARD, 4901 GLENWOOD A LLATION, MATERIAL (PE OF THEIR AGENO H OCCURRENCE; CHIRTY (30) DAYS VAVENUE, STE 200, F CHANGE, OR CANO	CY: BODILY INJUR PROPERTY DAM. WRITTEN NOTICE I RALEIGH NORTH (CELLATION BY TH	RIES - \$50,000 FOR ONE AGE - \$20,000 EACH BY REGISTERED MAIL CAROLINA 27612, AS A HE INSURED; AND, IF
THIS CERTIFICATE FOR POLICY	NUMBE <u>R:</u>			
IS EFFECTIVE FROM	, 20	TO		20
	<u>AUTHORIZA</u>	ATION		
NSURANCE AGENT PRINTED NAME	SIGNAT	URE	INSURANCE LIC	ENSE NUMBER
ISURANCE AGENCY NAME:		PHONE NUMBER: ()		
GENCY ADDRESS: (Po Box or Street)	(City)	(State)	(County)	(Zip)
HE ABOVE WAS SWORN AND SUBSCRIBE	ED TO BEFORE ME THIS			
he Day of	, 20			
Notary Public				
My Commission Expires:				