



October 10, 2007

To Whom It May Concern,

This letter is to certify that the Gardens by the Sea Condominium at 1501 S. Ocean Blvd. Lauderdale by the Sea, Florida 33062 is equipped with a central fire alarm system monitored by Armer Protection Inc. of Lighthouse Point, Florida and connected to the (BSO) Broward Fire Department.

If you need any other information, please feel free to contact the Board of Directors at [gardensbytheseacondo@yahoo.com](mailto:gardensbytheseacondo@yahoo.com)

Regards,

Juliet Desanti  
Board of Directors

Insurance may need the following Vendor information.

**Armer Protection Inc.**  
P.O Box 50108 Lighthouse Point, FL 33074-0108  
Phone: (954) 979-0991 Fax: (954) 979-1038  
UL # 567531-001 Florida State License: #EF20000610

### Owner's Insurance Premium Credit Request

This form should be completed and forwarded to your homeowner's insurance carrier for possible premium credit.

**A. General Information:**

Insured's Name and Address: Gardens By The Sea  
Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

Type of System: Fire Alarm System

Installed by: Unknown Serviced By: Armer Protection Inc.

**B. Notifies (Insert B for Burglary, F for Fire, where appropriate):**

Local sounding Device: \_\_\_\_\_ Police Dept: \_\_\_\_\_ Fire Dept: \_\_\_\_\_ Central Station X Fire

Name and Address of C.S.: C.O.P's Monitoring 701 Park of Commerce Blvd., Suite #200, Boca Raton, FL 33487

C. Powered by: 120 VAC and Battery back-up

D. Testing: \_\_\_\_\_ Quarterly \_\_\_\_\_ Monthly \_\_\_\_\_ Weekly \_\_\_\_\_ Other \_\_\_\_\_ Annually \_\_\_\_\_

**E. Smoke Detector Locations:**

\_\_\_\_\_ Furnace Room \_\_\_\_\_ Basement \_\_\_\_\_ Kitchen X \_\_\_\_\_ Living Rm \_\_\_\_\_ Bedroom \_\_\_\_\_ Dining Rm  
\_\_\_\_\_ Attic \_\_\_\_\_ Hall \_\_\_\_\_ Other \_\_\_\_\_

**F. Burglary Detecting Device Locations:**

\_\_\_\_\_ Front Door \_\_\_\_\_ 1<sup>st</sup> floor Windows \_\_\_\_\_ Basement Door \_\_\_\_\_ Patio Door \_\_\_\_\_ Rear Door  
\_\_\_\_\_ Interior Locations \_\_\_\_\_ All Exterior Doors \_\_\_\_\_ All Accessible Openings, including Skylights  
\_\_\_\_\_ Air Conditioning and Vents.

G. Additional Pertinent Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Insured's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Alarm Company Signature: [Signature] Date: 12-10-07