

ANTI-THEFT DEVICE AND VEHICLE RECOVERY SYSTEM DISCOUNTS
Application for Discounts

Insured _____ Policy No. _____

COMPANY

Vehicle Description _____
Year _____ make/model _____ vehicle i.d. # _____

Category 1 Check applicable device function for 5% discount

- _____ A) ignition or starter cut-off switch in combination with flush or tapered door lock buttons
- _____ B) ignition or starter cut-off switches
- _____ C) non-passive, externally operated alarm
- _____ D) steering column armored collar
- _____ E) internally operated alarm not meeting Category 2 or 3 criteria

Category 2 Check applicable device function for 15% discount.

- _____ A) non-passive fuel cut-off device
- _____ B) non-passive steering wheel lock
- _____ C) armored cable hood lock and ignition cut-off switch
- _____ D) window identification system
- _____ E) emergency handbrake lock
- _____ F) car transmission lock (effective 03/18/90)
- _____ G) internally operated alarm systems not meeting Category 3 criteria

Category 3 Check applicable device function for 20% discount

- _____ A) passive alarm system
- _____ B) passive fuel cut-off device
- _____ C) armored ignition cut-off switch
- _____ D) passive multi-component cut-off switch
- _____ E) passive time delay ignition system
- _____ F) armored cable or electrically operated hood lock and ignition cut-off switch
- _____ G) passive, ignition lock protective system
- _____ H) passive, delayed ignition cut-off system
- _____ I) high security ignition replacement lock
- _____ J) hydraulic brake lock

Category 4 Check applicable device function for 20% discount

- _____ A) Signal activated vehicle recovery system.

Installers/inspectors name & signature _____

date of install _____

I hereby certify that the vehicle identified above is equipped with an anti-theft and/or vehicle recovery system, which qualifies for the category of discount indicated. In consideration of this fact, I request that the company apply the appropriate premium discount to the Comprehensive coverage afforded on this vehicle

applicant/policyholder _____

date _____