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911 TELEPHONE MONITORING SUPPLEMENTAL QUESTIONNAIRE SECURITY & PROTECTION INDUSTRY PROGRAMME APPLICATION

Name of Applicant: _____

1. Describe procedures from the time the call comes in: _____

2. Are all calls documented/recorded Yes No

3. Are the insured's employees responsible for making decisions as to which emergency service is to be dispatched/respond?
i.e.: Ambulance, Police, Fire Department. Yes No

Please provide details: _____

4. Are the insured's employees providing any emergency assistance to the caller? Yes No

If Yes, please provide full details, including related medical experience of Employees: _____

This supplement, together with the Security & Protection Programme application to which it is attached, constitute the Applicant's representations and will form the basis of any policy that may be issued.

Signature of Applicant _____ Dated _____