



BUREAU OF SECURITY AND INVESTIGATIVE SERVICES
P.O. Box 989002, West Sacramento, CA 95798-9002
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Alarm Company Operator Limited Liability Company Licensee
Insurance Claim Data Reporting

January 1, 2018 to December 31, 2018 Reporting Period

This form must be used to report claim data for the reporting period specified above. Any claim paid as well as if no claim was filed or paid during the reporting period should be reported to the Bureau. The claim information must be reported to the Bureau no later than March 1, 2019. (Business and Professions Code Sections 7599.34.)

Read the Instructions for completing this form carefully.

COMPLETE FORM ELECTRONICALLY ON COMPUTER OR PRINT CLEARLY IF HANDWRITTEN

LICENSEE INFORMATION

Form fields for Licensee Information: Company Name, License Number, Company Address of Record (Address, City, State, and Zip Code)

PERSON WHO COMPLETED FORM INFORMATION

Form fields for Person Who Completed Form Information: Name (Last, First), Title, Phone Number (Optional), Email Address (Optional)

CLAIMS PAID FROM JANUARY 1, 2018 TO DECEMBER 31, 2018

Form fields for Claims Paid: Name of Insurer, Insurance Policy Number, Policy Start Date, Policy End Date, Current Policy checkbox, Former Policy checkbox

Check box if no claim was paid by this insurer during this reporting period

Table with 3 columns: Claim Number, Date Claim Paid, Claim Amount Paid. Rows 1-4.

Form fields for Signature of Person Who Completed Form (Electronic Signatures Not Accepted) and Date

## **INSTRUCTIONS**

1. **Telephone and Email Address:** While optional, providing this information may expedite the Bureau's communication with you if additional information is required.
2. **Insurance Information:** Enter the name of your insurer, policy number and the policy term (i.e. start and end dates) for your current and, if applicable, prior general liability insurance policies. If more than one insurance policy was held during the reporting period, complete additional form(s) for each insurance policy and submit all forms to the Bureau together.
3. **Which Claims Must Be Reported:** Any claim filed by a third party against your current or prior general liability insurance policy that was paid by your insurer during the prior calendar year relating to acts, errors, or omissions arising from alarm services your company provided must be reported.
  - a. **Claims Paid:** For each claim paid, enter the associated claim number, the date the insurer paid the claim, and the amount of the claim the insurer paid.
  - b. **No Claims Paid:** If no claims were paid during the reporting period, check the specified box.
4. **Claims Exceed Form Limit:** If all claim data cannot be reported on one form, use additional form(s) and submit together.
5. **Signature:** Each form submitted must be signed and dated by the person who completed the form.
6. **Penalties:** Failure to report paid claim data, as required by Business and Professions Code (BPC) Section 7599.34, may result in the issuance of a citation, fine, or other disciplinary action. (BPC Sections 7591.9, 7592.2, 7599.30, and 7599.61)
7. **Form Submission Information:** Submit scanned copies of completed and signed form(s) by email to [AlarmCompanies@dca.ca.gov](mailto:AlarmCompanies@dca.ca.gov) or by mail to the Bureau of Security and Investigative Services, P.O. Box 989002, West Sacramento, CA 95798.
8. **Questions:** For additional information regarding claim reporting requirements, visit [https://www.bsis.ca.gov/industries/insurance\\_alarm.shtml](https://www.bsis.ca.gov/industries/insurance_alarm.shtml). If you have any questions after reading this information, you may email them to [AlarmCompanies@dca.ca.gov](mailto:AlarmCompanies@dca.ca.gov) or call (800) 952-5210, select option 2 and advise the call center staff that you wish to be transferred to the Alarm Company phone line. Due to high call volume, the Bureau recommends submitting your questions via email.
9. **IMPORTANT INFORMATION:** Sign up for the Bureau's Interested Parties Mailing List to receive reminders to submit your claim information, changes in claim submission activities, and to stay current on what is happening at BSIS. Go to <http://www.bsis.ca.gov/subscriptions.shtml> to receive email notifications from the Bureau.