

Toronto Office: 18 King St. E., Suite 300 Toronto, ON M5C 1C4
 T: 416-603-7864 or 1-877-603-7864 | F: 416-603-7861 | www.suminsurance.ca

Montreal Office: 1001 De Maisonneuve Blvd. W., Suite 900 Montreal, QC H3A 3C8
 T: 514-845-7861 or 1-855-845-7861 | F: 514-844-7862 | www.assurancesum.ca

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 _____