



Alarm Company Operator Limited Liability Company Licensee Insurance Claim Data Reporting

January 1, 2020 to December 31, 2020 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, 2021.** (Business and Professions Code Section 7599.34.)

Read the Instructions for completing this form carefully.

COMPLETE FORM ELECTRONICALLY ON COMPUTER OR PRINT CLEARLY IF HANDWRITTEN

LICENSEE INFORMATION

Company Name	License Number
Company Address of Record (Address, City, State, and Zip Code)	

PERSON WHO COMPLETED FORM INFORMATION

Name (Last, First)	Title
Phone Number (Optional)	Email Address (Optional)

CLAIMS PAID FROM JANUARY 1, 2020 TO DECEMBER 31, 2020

Name of Insurer	<input type="checkbox"/> Current Policy OR <input type="checkbox"/> Former Policy	
Insurance Policy Number	Policy Start Date	Policy End Date
<input type="checkbox"/> Check box if no claim was paid by this insurer during this reporting period		
1. Claim Number	Date Claim Paid	Claim Amount Paid
2. Claim Number	Date Claim Paid	Claim Amount Paid
3. Claim Number	Date Claim Paid	Claim Amount Paid
4. Claim Number	Date Claim Paid	Claim Amount Paid

Signature of Person Who Completed Form (Electronic Signatures Not Accepted)	Date
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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 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. If you have any questions after reading this information, you may email them to 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.