



Anti-Theft Device Discount Certification Form

Company: BALBOA INSURANCE COMPANY	Effective Date of Policy:
Policy #:	

Vehicle Year _____
Vehicle Make _____
Vehicle Model _____

or

Vehicle Identification Number _____

Select type of system installed on vehicle:

- ☐ OnStar
☐ Lojack
☐ Teletrac System
☐ Other equivalent tracking system: _____

Vehicle Year _____
Vehicle Make _____
Vehicle Model _____

or

Vehicle Identification Number _____

Select type of system installed on vehicle:

- ☐ OnStar
☐ Lojack
☐ Teletrac System
☐ Other equivalent tracking system: _____

Vehicle Year _____
Vehicle Make _____
Vehicle Model _____

or

Vehicle Identification Number _____

Select type of system installed on vehicle:

- ☐ OnStar
☐ Lojack
☐ Teletrac System
☐ Other equivalent tracking system: _____

Vehicle Year _____
Vehicle Make _____
Vehicle Model _____

or

Vehicle Identification Number _____

Select type of system installed on vehicle:

- ☐ OnStar
☐ Lojack
☐ Teletrac System
☐ Other equivalent tracking system: _____

In consideration of the reduction in Other Than Collision (OTC) premium, I hereby certify that the vehicle(s) herein described has/have an Anti-Theft device that meets the above criteria:

Applicant's Signature

Date

Please return a copy of receipt of purchase or Annual Service Renewal Contract indicating proof of anti-theft protection with this form. Failure to provide proof will result in removal of Anti-Theft Discount from the policy. For your convenience, you can fax this document to 866 812-1440.