

# NOTIFICATION OF RESTORED FIRE PROTECTION BY FAX

TO:VERLAN FIRE INSURANCE COMPANY - SILVER SPRING, MD  
FAX NO.: 301-495-9425 TEL.: 301-495-7722  
Forms can also be filled out online at [www.verlan.com](http://www.verlan.com)

FROM: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SENDER'S FAX NO.: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

Location of facility where impairment occurred: \_\_\_\_\_  
\_\_\_\_\_

## SYSTEM IMPAIRED:

- Main Water Supply                       Fire Pump  
 Sprinkler System - Area Protected \_\_\_\_\_  
 Other (Alarm Systems, CO<sub>2</sub>, etc.)

Explain: \_\_\_\_\_

## OCCUPANCY OF IMPAIRED AREA:

- Manufacturing                       Warehouse                       Office                       Lab  
 Other: \_\_\_\_\_

## PURPOSE OF IMPAIRMENT:

- Repair                       Alteration to System  
 Other (Explain) \_\_\_\_\_

PROTECTION IMPAIRED:                      Date: \_\_\_\_\_                      Time: \_\_\_\_\_

PROTECTION RESTORED:                      Date: \_\_\_\_\_                      Time: \_\_\_\_\_

## SPRINKLER SYSTEM MAIN DRAIN TEST (If a sprinkler control valve was shut):

Static \_\_\_\_\_ psi                      Flowing \_\_\_\_\_ psi

Signed: \_\_\_\_\_                      Title: \_\_\_\_\_

NUMBER OF PAGES, INCLUDING THIS ONE: \_\_\_\_\_

TIME SENT: \_\_\_\_\_                      DATE: \_\_\_\_\_

**RESTORATION FORM**