

# Coastal Security & Investigations, LLC

## Contract Agreement and Waiver Form

### Personal Information:

Name: \_\_\_\_\_

Address (Billing): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZipCode: \_\_\_\_\_

Phone Numbers: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Email Address: \_\_\_\_\_

Local Property Address: \_\_\_\_\_

Local Property Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

### Property Information (please provide contact numbers):

Alarm Company: \_\_\_\_\_

Alarm Code: \_\_\_\_\_

Type of Heat (circle one):    Gas                      Oil                      Electric

Heat / AC Service: \_\_\_\_\_

Carpenter: \_\_\_\_\_

Electrician: \_\_\_\_\_

Landscape/Irrigation: \_\_\_\_\_

Other: \_\_\_\_\_

Caretaker / Handyman: \_\_\_\_\_

# Coastal Security & Investigations, LLC

Contract Agreement (please check one below and initial here): \_\_\_\_\_

**Full-Service Plan:** One site visit per week includes an exterior perimeter inspection that ensures windows, doors, and outbuildings are properly secured. Check general integrity of the residence and inform the owner of any concerns that arise. Also check for any deliveries and properly secure item/s. The interior home inspection includes checking thermostat, run faucets to remove stagnant water, check electrical panel circuit breakers, plant watering, start and run vehicle, and caretaker response for alarm systems if applicable \*note: one alarm response per contract at no extra charge.

**Basic-Service Plan:** For those homes closed down for extended periods of time we offer an exterior perimeter check of the property at a reduced rate. One site visit per week will be conducted that ensures windows, doors, and outbuildings are properly secured. To the extent possible, we will also conduct a visual inspection of the interior without entering the residence. \*note: charges set forth below will apply for each alarm response in the basic plan

**Vacation Plan:** These services are identical to the full service plan but are designed for specific time periods only.

**Please indicate months or weeks of service desired. Two month minimum requested for both Basic and Full-Service Plans.**

Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec

*\*Alarm responses occurring on weekdays between the hours of 8am and 5pm will be charged at \$50.00 per call. The rate for alarm responses between 5pm to 8am will be charged at \$100.00 per call. Weekend and holiday responses are \$125.00 per call.*

*Additional note: Island services are subject to higher rates. The costs for such services are negotiated on an individual basis.*

**Alarm & Key Policy:** CSI will not provide an alarm code without the property owners written consent. Similarly, CSI will possess master keys that will only be furnished to a vendor with the property owner's consent. CSI will make every attempt to retrieve keys but is not responsible for those keys lost or not returned.

# Coastal Security & Investigations, LLC

## Waiver:

Pursuant to this agreement, the client grants CSI, LLC (the company) access to the above described premises and the company shall take reasonable precautionary steps necessary to protect the property during the term of this agreement. The client, however, shall indemnify, defend and hold the company harmless for any and all damages, activity, or injury to the premises which is not directly caused by the willful and intentional act(s) of the company.

I further understand and agree that the company may conduct additional checks of the property as deemed appropriate. Such visits may include checks following a storm, arranged vendor visits, alarm responses, or other services agreed upon. Such service may not be included in the original plan and may be at additional cost. In the event of an emergency that requires immediate attention and the property owner cannot be reached, the company is authorized to contact a repair service at the owner's expense.

**Billing Policy:** Payment is billed monthly and in advance for the service plan agreement. When additional services are rendered, payment is due upon receipt of invoice. The company reserves all rights to terminate services for lack of payment.

**Refund Policy:** Fees will be refunded on a prorated basis upon receipt of written termination of the service agreement.

I have read, understand, and agree to the aforementioned contract and waiver.

Client Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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