



TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157
help@tdlr.texas.gov • www.tdlr.texas.gov

TEXAS DEPARTMENT OF INSURANCE
AUSTIN, TEXAS
APPROVED

JUN 14 2019

5666495

ELEVATOR CONTRACTOR CERTIFICATE OF INSURANCE

This certificate is issued to the Texas Department of Licensing and Regulation as a matter of information only and confers to rights upon the certificate holder. This Certificate of Insurance neither affirmatively or negatively amends, extends or alters the coverage afforded by the policy specified herein.

This certificate is used only to indicate general liability insurance coverage.

Business Name: _____ Business dba: _____

Business Address: _____
Number, Street Name, Suite Number/Apartment Number City State Zip code

Business Phone Number: _____
(Area Code and Phone Number)

Insurer Name: _____ NAIC Number: _____

Insurer Address: _____
Number, Street Name, Suite Number/Apartment Number City State Zip code

Term Dates: _____ Policy Number: _____
Effective (mm/day/year) Expiration (mm/day/year) Binders or declarations are not accepted

Insurance Agency: _____

Insurance Agency Address: _____
Number, Street Name, Suite Number/Apartment Number City State Zip code

Agent Phone Number: _____ Email Address: _____
(Area Code and Phone Number)

A contractor must always maintain general liability insurance during a registration period to satisfy proof of financial responsibility of:

- Not less than \$1,000,000 for each single occurrence of bodily injury or death
- Not less than \$500,000 for each single occurrence of property damage.

Policy Limits:

Bodily Injury: _____ Property Damage: _____

I certify that this insurance company is licensed to do business by the Texas Department of Insurance or is an Eligible Surplus Lines Carrier. I further certify that this policy meets the minimum requirements for an Elevator Contractor License, with aggregate amounts of no less than the minimum class amounts.

Printed Name _____

Signature of Authorized Insurance Representative _____

License Number _____

Date _____

CERTIFICATE HOLDER ADDRESS:

Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711-2871
Phone: (512) 463-6599 • Fax: (512) 475-2871
www.tdlr.texas.gov

CANCELLATION:

Should any of the above described policies be canceled or reduced, the insurance carrier shall notify the Texas Department of Licensing and Regulation at least 30 days before the cancellation or non-renewal by the insurance carrier, and not more than 10 days after non-renewal or cancellation by the insured.