

118651

MAILING ADDRESS:
TEXAS REAL ESTATE COMMISSION
P.O. Box 12188
Austin, Texas 78711-2188
www.trec.texas.gov



STREET ADDRESS:
TEXAS REAL ESTATE COMMISSION
1700 N. Congress Ave., Suite 400 Austin, Texas
78701 Telephone: (512) 936-3000

CERTIFICATE OF INSURANCE FOR A BROKER BUSINESS ENTITY

(For Informational Purposes Only)

The business entity shall furnish the Texas Real Estate Commission a new Certificate of Insurance not later than 15 days after the expiration of this Certificate of Insurance. This Certificate of Insurance expires on the date that the below named policy expires. This certificate is issued as a matter of information only and confers no 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. The aggregate limit is as specified in the policy.

<p>1. Broker's Name (Business Entity)</p> <p>_____</p> <p>2. Mailing Address</p> <p>_____</p> <p style="text-align: center;">Business Address (Fixed Office)</p> <p>_____</p> <p style="text-align: center;">Mailing Address (if different)</p> <p>_____</p> <p style="text-align: center;">City State Zip Code</p> <p>3. Business Phone</p> <p>_____</p> <p>4. Email Address</p> <p>_____</p> <p>_____</p> <p>TEXAS ADMITTED CARRIER NO. _____</p> <p>10. Name of Insurance Agency</p> <p>_____</p> <p>11. Insurance Agency Address</p> <p>_____</p> <p style="text-align: center;">Number and Street</p> <p>_____</p> <p style="text-align: center;">City State Zip Code</p>	<p>5. TREC Broker License #</p> <p>_____</p> <p>6. Insurance Company</p> <p>_____</p> <p>7. Policy Number</p> <p>_____</p> <p style="text-align: center;">(Binders not accepted)</p> <p>8. Name of Policy Holder (if group policy)</p> <p>_____</p> <p>9. Term Dates</p> <p>_____</p> <p style="text-align: center;">Effective Expired</p> <p>_____</p> <p>OR TEXAS SURPLUS LINE CO. NO. _____</p> <p>12. Name of Agent</p> <p>_____</p> <p>13. Agent Phone</p> <p>_____</p> <p>14. Policy Type:</p> <p>OCCURRENCE <input type="checkbox"/></p> <p>CLAIMS MADE <input type="checkbox"/></p>
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By my signature below, as an authorized insurance agent licensed to do business in the State of Texas, I hereby certify that the above policy meets the following minimum standards:

- (1) provides for Errors & Omissions (E&O) insurance as required by §1101.355, Texas Occupations Code, and
- (2) is in a coverage amount of not less than \$1 million per occurrence.

Signature of insurance agent licensed to do business in Texas _____

Printed Name _____ Date _____

CERTIFICATE HOLDER
TEXAS REAL ESTATE COMMISSION
P.O. Box 12188
Austin, Texas 78711-2188
PHONE 512-936-3000 FAX 512-936-3864

TEXAS DEPT. OF INSURANCE
AUSTIN, TEXAS
APPROVED
MAR - 6 2012