



# TEXAS DEPARTMENT OF LICENSING & REGULATION

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

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## ELECTRICAL CONTRACTOR CERTIFICATE OF INSURANCE

This certificate is issued to the Texas Department of Licensing and Regulation 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.

This certificate is used only to indicate general liability insurance coverage. For information regarding worker's compensation coverage, refer to the license application and/or the application instructions. The terms of the insurance policy control over the terms of the certificate of insurance.

Business Name/dba: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
(Area Code and Phone Number)

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

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Term Dates: \_\_\_\_\_  
Binders or Declarations are not Accepted Effective (mm/day/year) Expiration (mm/day/year)

Insurance Agency: \_\_\_\_\_

Name of Agent: \_\_\_\_\_ Agent Phone Number: \_\_\_\_\_  
(Area Code and Phone Number)

Agency Address: \_\_\_\_\_  
Number, Street Name, Suite Number City State Zip code

An Electrical Contractor, Electrical Sign Contractor, and Residential Appliance Installer Contractor License require general liability coverage of at least:

- \$300,000 per occurrence (combined for property damage and bodily injury);
- \$300,000 aggregate for products and completed operations;
- \$600,000 aggregate (total amount the policy will pay for damage and bodily injury)

I further certify that the licensee's insurance policy meets or exceeds the minimum requirements stated above.

TEXAS DEPARTMENT OF INSURANCE  
AUSTIN, TEXAS  
APPROVED

JUN 14 2019

\_\_\_\_\_  
Printed Name of Authorized Insurance Representative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
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](http://www.tdlr.texas.gov)

**CANCELLATION:**  
Should any of the above described policies be canceled or reduced, the insurance carrier shall endeavor to notify the Department 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.