

119256



Texas Department of Public Safety www.dps.texas.gov
Regulatory Services Division
PRIVATE SECURITY PROGRAM
CERTIFICATE OF LIABILITY INSURANCE

INSURED'S INFORMATION

MUST USE MOST CURRENT FORM

This certificate is issued as a matter of information only and confers no rights upon the certificate holder.

Name of Insured
(MUST EXACTLY MATCH NAME
ON PRIVATE SECURITY FILE)

Private Security
Company
License Number

Insured's Address
(MUST EXACTLY MATCH ADDRESS
ON PRIVATE SECURITY FILE)

City

State
(2-Digit Code)

ZIP

REMAINDER OF FORM MUST BE FILLED OUT BY THE INSURANCE AGENT

POLICY INFORMATION (LIMITS AND COVERAGES)

The insurance policy must contain minimum limits of \$100,000 per occurrence for bodily injury and property damage, and \$50,000 per occurrence for personal injury with a minimum total aggregate amount of \$200,000 for all occurrences. The below does not amend, extend or alter the coverage afforded by the policies issued.

Limits of (Commercial General) Liability:

Bodily Injury/ Property Damage \$ Personal Injury \$ Aggregate \$

Policy Number Effective Date (MM/DD/YYYY) Expiration Date (MM/DD/YYYY)

Exclusions & Endorsements: (CHECK ALL THAT APPLY)
Armed Coverage, Bond Forfeiture Apprehension Coverage, Liquor Exclusion, Guard Dog Coverage, Government Housing Exclusion

All coverage excluded by endorsement and related to the provision of security services. (For this purpose, other forms may be attached and incorporated by reference):

Insurance Binders are NOT acceptable, as they are a temporary insurance arrangement used until a permanent policy can be issued and that for Department purposes of Certificate of Liability Insurance a permanent policy must be currently in effect.

Chapter 1702 Occupations Code provides that insurance certificates executed and filed with the Department shall remain in force and effect until the insurer has terminated future liability by a 10 day notice to the Private Security Program.

INSURANCE COMPANY INFORMATION (AUTHORIZED REPRESENTATIVE)

Insurance Company

Insurance Agent/ Agency

Address

City

State
(2-Digit Code)

ZIP

Texas Insurance License Number

Phone ()

Insurance Agent's Signature Date

This form and any attachments can be:

- Emailed to: RSD_Customer_Relations@dps.texas.gov
Faxed to: (512) 424-5774 (Insurance Compliance Section)
Mailed to: Texas Department of Public Safety Private Security Program MSC 0242 PO Box 4087 Austin, TX 78773-0001

TEXAS DEPT. OF INSURANCE
AUSTIN, TEXAS
APPROVED
MAR - 7 2012