



# TEXAS DEPARTMENT OF INSURANCE

## Regulatory Policy Division - P&C Filings Intake (104-3B)

333 Guadalupe, Austin, Texas 78701 \* PO Box 149104, Austin, Texas 78714-9104  
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### CERTIFICATE OF INSURANCE FILING TRANSMITTAL FORM

#### INSTRUCTIONS:

- Item 1. Company** - Show name of entity filing the certificate of insurance form. If a third party is filing the certificate of insurance form, the company name is the name of the entity for which the third party is filing the certificate of insurance form, not the name of the third party filer. If making a filing for multiple insurers within a group, show all insurer names and NAIC numbers to which this filing applies.
- Item 2. FEIN** (Federal Employer Identification Number) or **NAIC** (National Association of Insurance Commissioners) number.
- Item 3. Contact Information:** Show name of contact person, telephone number (toll-free number, if available), mailing address, fax number and email address of the person able to provide additional information regarding the filing.

To the extent that a filing includes company contact information, the company affirmatively consents to the release and disclosure of its company contact information, including any email addresses.

#### 1. Name of Company(ies)

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#### 2. FEIN or NAIC Number(s) \_\_\_\_\_

#### 3. Contact Person \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_