



TEXAS DEPARTMENT OF INSURANCE

State Fire Marshal's Office (112-FM)

333 Guadalupe, Austin, Texas 78701 * PO Box 149221, Austin, Texas 78714-9221
 (512) 676-6800 | F: (512) 490-1063 | (800) 578-4677 | TDI.texas.gov | @TXSFMO

Insurance Requirements

All firms registered with the State Fire Marshal's Office are required, by statute, to maintain general liability insurance and to provide this office with a current certificate of insurance. This information sheet is intended to assist you in meeting these requirements.

The minimum coverage required is:

- **\$100,000 combined single limits per occurrence with a**
- **\$300,000 aggregate (total) for the policy year.**

*PRODUCTS AND COMPLETED OPERATIONS **MUST BE INCLUDED.***

The insurance certificates submitted to this office must include:

- the complete, correct name of the insured, including assumed names (*XYZ Corp. dba XXX Fire Extinguisher Co. or John Smith dba ZZZ Alarm Co.*), and the words *Inc., Corp., etc.*, where applicable;
- indication of the types of business covered (*fire extinguisher and/or fixed extinguisher systems*), (*fire alarm and/or fire alarm monitoring or contract monitoring*), (*fire sprinkler systems or underground fire sprinkler line*);
- the signature of an agent holding a Texas general lines license or Texas surplus lines agent, depending on the type of insurer affording coverage;
- the listing of the State Fire Marshal's Office as the certificate holder; and
- the inception date and expiration date of the insurance.

The following are important reminders.

- It is your responsibility to see that your insurance coverage meets requirements.
- It is also your responsibility to see that this office is provided with evidence of that coverage.
- License renewals or new applications will not be approved until ALL insurance requirements are met.
- If applicable, insurance policies must provide coverage for activities performed by an individual who is designated as an agent or employee of the firm.
- Each registered firm must maintain in force and on file in the state fire marshal's office the certificate of insurance as required.

NOTICE: LATE FEES, SET FORTH BY STATUTE, *WILL BE DUE* IF PROPER EVIDENCE OF INSURANCE IS NOT RECEIVED BEFORE THE RENEWAL DATE OF THE CERTIFICATE OF REGISTRATION.

The State Fire Marshal's Office Requirements to Complete an Acord Insurance Certificate.

All firms registered with the State Fire Marshal's Office are required, by statute, to maintain general liability insurance and to provide this office with a current certificate of insurance. This information sheet is intended to assist you in meeting these requirements when submitting an Acord form.

It is your responsibility to see that your insurance coverage meets requirements. It is your responsibility to see that this office is provided with evidence of that coverage. Registration & license renewals or new applications will not be approved until ALL insurance requirements are met.

1. PRODUCER

Insurance Agent/Broker who issues the certificate.

2. NAME OF INSURED

The company or owner's name, assumed name and address must be the same as shown on the certificate or application filed with the State Fire Marshal's Office.

3. TYPE OF INSURANCE

Must check the box for General Liability.

4. POLICY TYPE

The occurrence box must be checked

5. DESCRIPTION OF OPERATIONS

Indication of the types of business covered. Fire Detection Devices, Fire Alarm, Contract Monitoring, Fire Alarm Monitoring, Fire Extinguisher, Fixed Extinguisher Systems Hydrostatic Testing (DOT)-Type C Fire Sprinkler Systems, Underground Fire Sprinkler Line Fireworks Public Displays.

6. CERTIFICATE HOLDER

Must be listed as State Fire Marshal's Office, MC-112FM P.O. Box 149221 Austin, TX 78714-9221

7. INSURER(S) AFFORDING COVERAGE

Provide the exact name of the company as listed with the Texas Department of Insurance.

8. POLICY EFFECTIVE DATE

Must be prior to or coincidental with the expiration date of the last insurance certificate filed with the State Fire Marshal's Office.

9. POLICY EXPIRATION DATE

Must have a current date

10. LIMITS OF INSURANCE

Must be the same or greater than \$100,000 combined single limits per occurrence & \$300,000 aggregate total for policy year.

11. Products and completed operations coverage must be included.

12. AUTHORIZED REPRESENTATIVE

If the company affording coverage is an admitted company the certificate must be signed by a general lines agent licensed in Texas. If it's a surplus lines company the certificate must be signed by an agent licensed in Texas as a surplus lines agent.

It would be helpful to print the agent's name in order to identify the individual.

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE: (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Joe's Insurance Agency 50 S. The Street, Ste. 100 Austin, TX 78701 Ph. #. 800-123-4567	CONTACT NAME: _____ PHONE: _____ FAX: _____ E-MAIL: _____ ADDRESS: _____
INSURED The Fire Company; DBA One Company P.O. Box 123 Austin, TX 78701	INSURER(S) AFFORDING COVERAGE INSURER A: USA INSURANCE CO. INSURER B: _____ INSURER C: _____ INSURER D: _____ INSURER E: _____ INSURER F: _____

CERTIFICATE NUMBER: _____ REVISION NUMBER: _____

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF INSURANCE	INSURANCE	POLICY NUMBER	INSURANCE	POLICY PERIOD (MM/DD/YYYY)	REVISION	LIMITS
GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/>				3/1/12	3/1/13	EACH OCCURRENCE \$ 100,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 100,000 MED. EXP. (Per person) \$ 5,000 PERSONAL & ADV. INJURY \$ 100,000 GENERAL AGGREGATE \$ 300,000 PRODUCTS - COMP/OP AGG. \$ 300,000
AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS HIRER AUTOS						COMBINED SINGLE LIMIT (Per person) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
UMBRELLA LMB EXCESS LMB OCCUR CLAIMS-MADE						EACH OCCURRENCE \$ AGGREGATE \$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in TX) If yes, describe under DESCRIPTION OF OPERATIONS below						INC. STAT. / CITY / STATE LIMITS \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - SA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Fire alarm systems and monitoring; fire extinguisher, extinguisher fixed systems & hydrostatic testing; fire sprinkler systems, underground fire sprinkler lines; fireworks public displays.

CERTIFICATE HOLDER State Fire Marshal's Office MC-112-FM P.O. Box 149221 Austin, TX 78714-9221	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE PRINTED AGENT'S NAME & SIGNATURE
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