



TEXAS DEPARTMENT OF INSURANCE

State Fire Marshal's Office (112-FM)

333 Guadalupe Street, Austin, Texas 78701 ★ PO Box 12107, Austin, Texas 78711
(512) 676-6800 | F: (512) 490-1056 | TDI.texas.gov/fire | [@TXSFM](https://twitter.com/TXSFM)

Certificate of Liability Insurance Requirements

To register with the State Fire Marshal's Office (SFMO), you must present a certificate of insurance to SFMO showing you have general liability insurance.

- Companies must have at least \$100,000 combined single limits coverage per occurrence with a \$300,000 total for the policy year. The policy must include products and completed operations coverage.
- Public Fireworks Display Permits must have at least \$500,000 combined single limits coverage per occurrence. Products and completed operations coverage isn't required.

The certificate must:

Show your full company name, including Inc., Corp., Co., etc., if applicable, and any assumed names and DBAs.

- Indicate the types of business covered; for example, fire alarm or fixed extinguisher systems.
- Include the name and signature of a Texas-licensed general lines or surplus lines agent, depending on the type of insurer providing coverage.
- List SFMO as the certificate holder.
- Show the effective and expiration dates of the coverage.

► Important reminders

- We won't approve license renewals or new applications until you've met all insurance requirements.
- Your policy must cover activities performed by someone designated as an agent or employee of the company.
- You must make sure that a current certificate of insurance is on file with the SFMO. Email: FMLicensing@tdi.texas.gov

Requirements for Acord® Certificate of Liability Insurance



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 PRODUCER, AND THE CERTIFICATE HOLDER.

Producer - Insurance agent or broker who issues the certificate

PRODUCER
John's Insurance Agency
1234 South Main Street
Austin, TX 78701

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 SFMO.

INSURED
The Fire Company, DBA One Company
P.O. Box 123
Austin, TX 78701

Insurer(s) Affording Coverage - The name of the company as listed with the TDI. Include the NAIC number.

Ext: 1-800-123-4567 FAX (A/C. No.): 1-800-123-9878
E-mail: john.doe@insuranceagency.com

INSURER(S) AFFORDING COVERAGE
INSURER A: USA Insurance Company NAIC # 12345

INSURER B:
INSURER C:
INSURER D:
INSURER E:
INSURER F:

COVERAGES

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$ 100,000.00
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00
					03/01/2012	03/01/2013	MED EXP (Any one person) \$ 5,000.00
							PERSONAL & ADV INJURY \$ 100,000.00
							GENERAL AGGREGATE \$ 300,000.00
							PRODUCTS - COM/PROP AGG \$ 300,000.00
							COMBINED SINGLE (Ea accident) \$
	UMBRELLA LIAB						
	EXCESS LIAB						
	DED						
	RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						
	If yes, describe under DESCRIPTION OF OPERATIONS below						

Type of Insurance - The General Liability box must be checked.
Policy Type - The OCCUR box must be checked.

Policy Number - You must list the policy number. Indicating TBD isn't acceptable.

Policy Effective Date - Must be earlier than or the same as the expiration date of the last insurance certificate filed with SFMO. (Show no lapse in coverage.)

Policy Expiration Date - Required.

Limits of Insurance - Must be at least \$100,000 of combined single limits per occurrence and \$300,000 total for policy year.

Products and completed operations coverage are required.

Limits of Insurance for Public Fireworks Display Permits: Must be \$500,000 combined single limits per occurrence.

Products and completed operations coverage aren't required.

Description of operations - Indicate the types of business covered.

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

*Indicates the types of business covered:

Examples: 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.

Certificate Holder - Must be listed as the State Fire Marshal's Office.

CERTIFICATE HOLDER
State Fire Marshal's Office (112-FM)
P.O. Box 12107
Austin, TX 78711-2107

Authorized Representative - Must be signed by a general lines or surplus lines agent licensed in Texas, as appropriate. Print the agent's name and license number.

CANCEL
SHOULD THE ACCORDANCE WITH THE POLICY PROVISIONS:
AUTHORIZED REPRESENTATIVE
*Print Agent's name along with Agent's Signature.