



Texas Department of Insurance
State Fire Marshal's Office, Mail Code 112-FM
333 Guadalupe • P. O. Box 149221, Austin, Texas 78714-9221
512-305-7900 • 512-305-7922 • www.tdi.state.tx.us

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*), (*fire sprinkler systems or underground fire sprinkler line*);
- the signature of a local recording agent or surplus lines agent, licensed in Texas, depending on the type of insurance company 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 of the firm.

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. TYPES OF INSURANCE

Must check the box for Commercial general Liability.

4. POLICY FORM

The per 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. COMPANY 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

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY)
PRODUCER	Joe's Insurance Agency 50 S. The Street, Ste. 100 Austin, TX 78701 Ph. #. 800-123-4567	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
INSURED	The Fire Company; DBA One Company P.O. Box 123 Austin, TX 78701	
INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:		USA INSURANCE CO.
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		

COVERAGES					
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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.					
INSR. ADD'L. LTR. INSRD.	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		3/1/06	3/1/07	EACH OCCURRENCE \$ 100,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 100,000 GENERAL AGGREGATE \$ 300,000 PRODUCTS - COMP/OP AGG \$ 300,000
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	<input type="checkbox"/> EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				WC STATU-TORY LIMITS OTH-ER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS					
Fire alarm systems and monitoring; fire extinguisher, extinguisher fixed systems & hydrostatic testing; fire sprinkler systems, underground fire sprinkler lines; fireworks public displays.					

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 NOTICE OF CANCELLATION

13. 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.

CERTIFICATE HOLDER	CANCELLATION
State Fire Marshal's Office MC-112-FM P.O. Box 149221 Austin, TX 78714-9221	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
	AUTHORIZED REPRESENTATIVE PRINTED AGENT'S NAME & SIGNATURE