



Form A-120 _____

Employers ID No. _____

**APPLICATION FOR CERTIFICATE OF AUTHORITY
 TO DO BUSINESS IN THE STATE OF TEXAS**

(Location of Books & Records)	(Domestic Only)	
(Mailing Address)		
(City)	(State)	(Zip Code)
(Office Phone)	(Fax Number)	(Toll Free Number)
(Month)	(Day)	20____

TO THE COMMISSIONER OF INSURANCE OF THE STATE OF TEXAS:

On behalf of _____
 (Give name of company in full)

whose home office is located at _____
 (Street Address of Incorporation)

in _____, _____
 (City of Incorporation) (State of Incorporation) (Zip Code)

we hereby apply for a certificate of authority authorizing said company to transact in the State of Texas the kinds of insurance business enumerated below:

We know of no reason under the provisions of the Texas Insurance Code why the above named Company is not entitled to a Certificate of Authority authorizing it to transact in the State of Texas the kinds of insurance business referred to above.

(Corporation Seal) _____
President*

Secretary*

*Must be signed by the President and Secretary, or by U.S. Manager of alien companies.

