

INSPECTOR'S FIRE PROTECTION SPRINKLER SYSTEM REPORT

Chapter 5, Texas Insurance Code, Article 5.33B

NOTICE: Successful completion of this certificate will entitle you to a reduction in your insurance premium.

I _____, a licensed RME-dwelling inspector, employed
Print Inspector's Name

by _____, a sprinkler contractor registered by the Texas
Print Firm's Name

Commission on Fire Protection, registration number SCR - _____
Print Registration Number

have inspected the property listed below and have found the following:

This property is equipped with an automatic fire sprinkler system that meets the following requirements		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	All devices and materials are listed or approved except as allowed in NFPA 13D.
YES <input type="checkbox"/>	NO <input type="checkbox"/>	The sprinkler alarm (or smoke detector alarm in accordance with NFPA 72) can be heard over background noise in all bedrooms with intervening doors closed.
YES <input type="checkbox"/>	NO <input type="checkbox"/>	All pipe and sprinklers are adequately protected from freezing.
YES <input type="checkbox"/>	NO <input type="checkbox"/>	If the sprinkler system has a separate control valve, it is supervised.
YES <input type="checkbox"/>	NO <input type="checkbox"/>	The water supply is adequate, reliable and automatic.
YES <input type="checkbox"/>	NO <input type="checkbox"/>	The system has been turned on and is in good operating condition.

ADDRESS OF RESIDENCE (INSPECTOR MUST COMPLETE THE FOLLOWING INFORMATION BEFORE SIGNING FORM)

Name of Insured: _____ Home Phone: _____

Address: _____ Office Phone: _____

City: _____ County: _____ Zip Code: _____

IS RESIDENCE LOCATED IN CITY LIMITS: **YES** **NO**

Give specific location of residence if not identified by street address (not rural route box number), **or mailing address of insured if different from above.**

I CERTIFY THAT THE ABOVE DESCRIBED PROPERTY CONTAINS A FIRE PROTECTION SPRINKLER SYSTEM WHICH MEETS THE APPLICABLE STANDARD AS REQUIRED BY NFPA 13D, CHAPTER 541 OF TITLE 37. TEXAS ADMINISTRATIVE CODE AND ARTICLE 5.43-3 OF THE TEXAS INSURANCE CODE AND QUALIFIES THE INSURED FOR A PREMIUM REDUCTION PURSUANT TO ARTICLE 5.33B OF THE TEXAS INSURANCE CODE.

Signature of Inspector

RME Number

Date

Original shall be mailed to:

Texas Department of Insurance
Property Insurance Division
P.O. Box 149104, MC 104-1A
Austin, TX 78714-9104

The inspector must retain one copy and one copy should be left with property owner.