

**Certificate of Proof of Liability Insurance
Licensed Personal Emergency Response System (PERS) Provider
Texas Department of State Health Services – Professional Licensing and Certification Unit**

Mail this completed form to:

PERS Licensing Program
Texas Department of State Health Services
1100 West 49th Street MC-1982
Austin, Texas 78756-3183

Telephone (512) 834-6602
Fax (512) 834-6677
E-mail pers@dshs.state.tx.us
Website http://www.dshs.state.tx.us/pers/

Name of Insured: _____
(Name of Insured must appear exactly as in the records of Texas Department of State Health Services or the license application form.)

Address of Insured: _____
(Address of Insured must appear exactly as in records of Texas Department of State Health Services or on license application form.)

PERS License Number of Insured (Put N/A if license not yet issued): _____

Name of Insurance Company: _____

Policy Number: _____ Effective Date: _____ Expiration Date: _____

Limits of Liability

Bodily Injury/ Property Damage: _____

Personal Injury: _____

Aggregate: _____

Type of Insurance (Circle One): Commercial General Liability

The insurance company hereby states that it has issued to the insured named hereon a policy of insurance to meet the requirements of Texas Health and Safety Code, Chapter 781 (formerly Texas Occupations Code, §1702.124). It is understood that the provisions of that statute require a licensed PERS provider to maintain on file with Texas Department of State Health Services a Certificate of Insurance as proof of a policy of public liability insurance executed by a local agent licensed in the state of Texas or a Certificate of insurance as proof of surplus lines coverage obtained under Article 1.14-2, Texas Insurance Code, through a licensed Texas surplus lines agent resident in Texas. The law provides that the insurance policy must contain minimum limits of \$100,000.00 per occurrence for bodily injury and property damage and \$50,000.00 for each occurrence for personal injury, with a minimum total aggregate amount of \$200,000 for all occurrences. There shall be no exclusions to any coverage required under Texas Health and Safety Code, §781.109. This certificate is issued as a matter of information only, intended for the use of Texas Department of State Health Services to determine fitness and qualifications for a license as a Personal Emergency Response System Provider in Texas. This certificate does not amend, extend, or alter the coverage afforded by the policies listed.

Insurance Agent's Printed Name: _____

Insurance Agent's Signature and Date : _____

Address: _____

City, State, Zip: _____

Texas Insurance License Number: _____ Telephone Number: _____

NOTE: No other form or document will be accepted as proof of insurance.

With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.state.tx.us/> for more information on Privacy Notification. (Texas Government Code, Section 522.021, 522.023 and 559.004)