INSURED'S INFORMATION  This certificate is issued as a matter of information only and confers certificate holder.		ST USE MOST <b>CURRENT</b> FORM
Name of Insured (MUST EXACTLY MATCH NAME ON PRIVATE SECURITY FILE)	,	Private Security Company License Number
Insured's Address (MUST EXACTLY MATCH ADDRESS ON PRIVATE SECURITY FILE)		
City	State (2- Digit Code)	ZIP
REMAINDER OF FORM MUST BE FILLED OUT BY THE INSURANCE AGENT		
POLICY INFORMATION (LIMITS AND COVERAGES)		
The insurance policy must contain minimum limits of \$100,000 per occurrence for bodily injury and property damage, and \$50,000 per occurrence for personal injury with a minimum total aggregate amount of \$200,000 for all occurrences. The below does not amend, extend or alter the coverage afforded by the policies issued.		
Limits of (Commercial General) Liability:		
Bodily Injury/ Property Damage \$ Personal Injury \$		Aggregate \$
Policy Effective Number Date (MM/DD/YYYY)		Expiration Date (MM/DD/YYYY)
Exclusions & Endorsements:  (CHECK ALL THAT APPLY)  O Guard Dog Coverage	Bond Forfeiture Apprehensi Coverage	ion O Liquor Exclusion O Government Housing Exclusion
All coverage excluded by endorsement and related to the provision of security services. (For this purpose, other forms may be attached and incorporated by reference):		
Insurance Binders are NOT acceptable, as they are a temporary insurance arrangement used until a permanent policy can be issued and that for Department purposes of Certificate of Liability Insurance a permanent policy must be currently in effect.		
Chapter 1702 Occupations Code provides that insurance certificates executed and filed with the Department <b>shall remain in force and effect</b> until the insurer has terminated future liability by a 10 day notice to the Private Security Program.		
INSURANCE COMPANY INFORMATION (AUTHORIZED REPRESENTATIVE	)	
Insurance Company		
Insurance Agent/ Agency		
Address		
City	State (2- Digit Code)	ZIP
Texas Insurance License Number		Phone ( )
nsurance Agent's Signature	Date	
This form and any attachments can be:  • Emailed to: RSD_Customer_Relations@dps.texas.gov		
Faxed to: (512) 424-5774 (Insurance Compliance Section)		
Mailed to: Texas Department of Public Safety		
Private Security Program MSC 0242		

PO Box 4087

Austin, TX 78773-0001