



Texas Department of Insurance

Property and Casualty Section – Personal and Commercial Lines Office

Mail Code 104-PC, 333 Guadalupe • P. O. Box 149104, Austin, Texas 78714-9104

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CERTIFICATE OF APPLIANCE-RELATED WATER DAMAGE REMEDIATION

Certificate Number _____ Date of Issuance _____

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Property Description:

Number _____ Street _____ Lot _____ Block _____

Addition or Tract _____ City _____ County _____

Description of Appliance Subject to Claim _____

I hereby certify that the appliance described in this certificate has been properly replaced or repaired and that any physical damage associated with the appliance-related claim has been properly remediated, repaired, and/or replaced.

This inspection was conducted in accordance with the requirements contained in 28 Texas Administrative Code §§ 21.1007 (a), (b), and (d).

Inspector's Signature

Date

Type of Inspector or Engineer

Inspector's License Expiration Date