



Texas Department of Public Safety www.dps.texas.gov
 Regulatory Services Division
PRIVATE SECURITY PROGRAM
CERTIFICATE OF LIABILITY INSURANCE

INSURED'S INFORMATION

• MUST USE MOST **CURRENT FORM**

This certificate is issued as a matter of information only and confers **no rights** upon the certificate holder.

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 Number	Effective Date (MM/DD/YYYY)		Expiration Date (MM/DD/YYYY)		

Exclusions & Endorsements: (CHECK ALL THAT APPLY)

<input type="radio"/> Armed Coverage	<input type="radio"/> Bond Forfeiture Apprehension Coverage	<input type="radio"/> Liquor Exclusion
<input type="radio"/> Guard Dog Coverage		<input type="radio"/> 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 **shall remain in force and effect** 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 ()

Insurance 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**