

TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157 www.tdlr.texas.gov

ELEVATOR CONTRACTOR CERTIFICATION OF INSURANCE This certificate is issued to the Texas Department of Licensing and Regulation as a matter of information only and confers no rights upon the certificate holder. This Certificate of Insurance neither affirmatively or negatively amends, extends or alters the coverage afforded by the policy specified herein. This certificate is used only to indicate general liability insurance coverage. **Business Name:** Business dba: **Business Address:** Phone Number: Number, Street Name, Suite Number/Apartment Number City Zip Code (Area Code) Phone Number State Insurer Name: NAIC Number: Insurer Address: Number, Street Name, Suite Number/Apartment Number City State Zip Code Term Dates: Policy Number: to Binders or declarations are not accepted Effective (mm/dd/yyyy) Expiration (mm/dd/yyyy) Insurance Agency: Insurance Agency Address: Number, Street Name, Suite Number/Apartment Number City State Zip Code Agent Phone Number: Email Address: (Area Code) Phone Number A contractor must always maintain general liability insurance during a registration period to satisfy proof of financial responsibility of: Not less than \$1,000,000 for each single occurrence of bodily injury or death Not less than \$500,000 for each single occurrence of property damage. Policy Limits: **Property Damage:** Bodily Injury: I certify that this insurance company is licensed to do business by the Texas Department of Insurance or is an Eliqible Surplus Lines Carrier. I further certify that this policy meets the minimum requirements for an Elevator Contractor License, with aggregate amounts of no less than the minimum class amounts. Printed Name Signature of Authorized Insurance Representative License Number Date **CERTIFICATE HOLDER ADDRESS: CANCELLATION:** Should any of the above described policies be canceled or Texas Department of Licensing and Regulation reduced, the insurance carrier shall notify the Texas Department of P.O. Box 12157 Licensing and Regulation at least 30 days before the cancellation Austin, TX 78711-2871 or non-renewal by the insurance carrier, and not more than 10 Phone: (512) 463-6599 • Fax: (512) 475-2871 days after non-renewal or cancellation by the insured.

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