



TEXAS DEPARTMENT OF AGRICULTURE
 STRUCTURAL PEST CONTROL SERVICE
 CERTIFICATE OF INSURANCE

ALS-1101

TODD STAPLES, COMMISSIONER

The policy identified in Section C has been issued by the insurer identified in Section B and insures the structural pest control business licensee identified in Section A against liability for damage to persons or property occurring as a result of operations performed in the course of the business of structural pest control on premises or any other property under the applicant's care, custody, or control in an amount not less than \$200,000 for bodily injury and property damage coverage, with a minimum total aggregate of \$300,000 for all occurrences.

SECTION A	STRUCTURAL PEST CONTROL BUSINESS LICENSEE		
	Full Legal Business Name		
	DBA (if applicable)		
	TDA License No.	Or	TPCL No.
	Physical Address		
	City	State	Zip
SECTION B	INSURER INFORMATION		
	Name of Insurance Company		
	Mailing Address		
	City	State	Zip
	Phone () -	Email Address	
SECTION C	POLICY INFORMATION		
	Policy No.	Policy Effective Date / / (mm/dd/yyyy)	Policy Expiration Date / / (mm/dd/yyyy)
	CERTIFICATION AND SIGNATURE		
SECTION D	I hereby certify that (1) the statements and information on this form are true and accurate to the best of my knowledge, (2) I am a licensed Texas insurance agent or the insurer's representative authorized to sign on behalf of the insurer identified above, and (3) the insurer identified above is authorized to do business in the State of Texas.		
	Name of Insurer's Representative or Agent	Signature of Insurer's Representative or Agent and Date	
	Texas License Number (if agent signs)	_____/_____/_____ (mm/dd/yyyy)	

This Certificate of Insurance is issued for informational purposes only, does not confer any rights or obligations other than the rights and obligations conveyed by the policy referenced herein, and the terms of said policy shall control over the terms herein.