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**TEXAS DEPARTMENT OF AGRICULTURE** 

STRUCTURAL PEST CONTROL SERVICE CERTIFICATE OF INSURANCE ALS-1101

COMMISSIONER SID MILLER

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 \$500,000 for bodily injury and property damage coverage, with a minimum total aggregate of \$1,000,000 for all occurrences.

	STRUCTURAL PEST CONTROL BUSINESS LICENSEE							
A	Full Legal Business Name							
SECTION	DBA (if applicable)							
ECT	TPCL No.							
S	Physical Address							
	City		State			Zip		
	INSURER INFORMATION							
NB	Name of Insurance Company							
<b>SECTION B</b>	Mailing Address							
SEC	City		State			Zip		
	Phone ( ) -		Email Address					
	POLICY INFORMATION							
U U	Policy No.	Policy E	ffective Date		Policy Expiration Date			
S		/	/	(mm/dd/yyyy)		/	/	(mm/dd/yyyy)
	CERTIFICATION AND SIGNATURE							
<b>D</b>	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.							
CTIO	Name of Insurer's Representative or Agent	Signat	ure of Ins	e of Insurer's Representative or Agent and Date				
SE								
	Texas License Number (if agent signs)							
							(	/ / nm/dd/yyyy)
Phone ( ) - Email Address   POLICY INFORMATION Policy Effective Date Policy Expiration I   Policy No. Policy Effective Date Policy Expiration I   / / (mm/dd/yyyy) /   CERTIFICATION AND SIGNATURE CERTIFICATION AND SIGNATURE Email Address   I hereby certify that (1) the statements and information on this form are true and accurate to the best knowledge, (2) I am a licensed Texas insurance agent or the insurer's representative authorized to sig the insurer identified above, and (3) the insurer identified above is authorized to do business in the Statement's Representative or Agent   Name of Insurer's Representative or Agent Signature of Insurer's Representative or Agent and Data is a statement's representative or Agent and Data is a sta								

Please email the completed and signed form to

insurance@texasagriculture.gov

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. Revised 11/01/2023