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Texas Department of Agriculture
Grain Warehouse
Certificate of Insurance

RGW-302

COMMISSIONER SID MILLER

This certificate is to be completed by the insurer or its agent and filed with the Texas Department of Agriculture by or on behalf of the licensed public grain warehouse operator, to comply with the provisions of Section 14.041 of the Texas Agriculture Code, which requires, in part, that the applicant keep all depositor grain in the warehouse fully insured for its full market value against loss by or due to water or other fluid resulting from an insured peril, excluding flood and other rising waters resulting from natural causes, malicious mischief, vandalism, smoke, fire, internal explosion, lightning, hail, windstorm, hurricane, or tornado. This certificate of insurance does not confer any rights or obligations other than the rights and obligations conveyed by the policy referenced on this form and the terms of the referenced policy control over the terms of this certificate of insurance. Under Section 14.042 of the Texas Agriculture Code, a warehouse operator may not cancel an insurance policy approved by the department unless the department gives written approval of a substitute policy. An insurer may cancel an insurance policy approved by the department by sending notice of intent to cancel by registered or certified mail to the department. Under Section 14.042, an insurer's cancellation is not effective before the 31st day following the date the insurer mails notice of intent to cancel.

NOTE: A Certificate of Insurance must be completed for each separately licensed facility. Do not complete this certificate unless the policy complies with the requirements, as specified above, of Chapter 14 of the Texas Agriculture Code.

SECTION A	¹ WAREHOUSE OPERATOR INFORMATION		
	Full legal business name		
	TDA Client No.	Mailing Address	
	City	State	Zip
SECTION B	² FACILITY INFORMATION		
	Facility Name		
	TDA License No.	Physical Address	
	City	State	Zip
SECTION C	³ INSURER INFORMATION		
	Name of Insurance Company		TX Insurance Master License No.
	Mailing Address		
	City	State	Zip
	Phone () -	Fax () -	
	⁴ POLICY INFORMATION		
	Policy No.	Policy Effective Date / / mm dd yyyy	Policy Expiration Date / / mm dd yyyy
⁵ Certification and Signature			
I hereby certify that (1) the policy identified above meets the requirements of Chapter 14 of the Texas Agriculture Code as specified above and has been issued to the warehouse operator and to cover the facility identified on this certificate, (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.			
Printed Name of Insurer's Representative or Agent		Signature of Insurer's Representative or Agent	
Texas License Number (if agent signs)		Date / / Telephone	
Address	State	Zip	
		mm dd yyyy	