



121777

Certificate of Insurance

Form 4736

Agents are required to complete this Certificate of Insurance (Certificate) by providing all requested information. Copies of endorsements listed below are not required as attachments to this Certificate.

This Certificate is issued as a matter of information only and confers no rights upon this Certificate's holder, the Texas Department of Family and Protective Services (DFPS). The information provided by the Authorized Insurance Representative in this Certificate does not control over the terms in the policies issued by the Insurer. .

Insured: _____

Street/Mailing Address: _____

City/State/Zip: _____

Telephone number: _____

TEXAS DEPARTMENT OF INSURANCE
 AUSTIN, TEXAS
 APPROVED
 JUL 31 2012

COMMERCIAL GENERAL LIABILITY INSURANCE

Insurer Name:			Insurer Telephone:	
Address:			City/State/Zip:	
Type of Insurance	Policy Number	Effective Date	Expiration Date	Limits of Liability Occurrence/Aggregate
Commercial General Liability Insurance				
Sexual Abuse & Molestation				

COMMERCIAL CRIME INSURANCE

Including a third party and employee dishonesty endorsements

Insurer Name:			Insurer Telephone:	
Address:			City/State/Zip:	
Type of Insurance	Policy Number	Effective Date	Expiration Date	Limits of Liability Occurrence/Aggregate
Commercial Crime Insurance				

BUSINESS AUTOMOBILE LIABILITY INSURANCE

Including owned, hired, and non-owned vehicles

Insurer Name:			Insurer Telephone:	
Address:			City/State/Zip:	
Type of Insurance	Policy Number	Effective Date	Expiration Date	Limits of Liability Occurrence/Aggregate
Business Automobile Liability Insurance				

PROFESSIONAL LIABILITY INSURANCE

Insurer Name:			Insurer Telephone:	
Address:			City/State/Zip:	
Type of Insurance	Policy Number	Effective Date	Expiration Date	Limits of Liability Occurrence/Aggregate
Professional Liability Insurance				
General Liability Coverage				

Should any of the above described policies be cancelled before the policy's expiration date, notice will be delivered to DFPS in accordance with the policy provision.



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BY SIGNING THIS CERTIFICATE OF INSURANCE, THE UNDERSIGNED CERTIFIES to DFPS acting on behalf of the State of Texas that the insurance policies named are in full force and effect. If this Certificate is sent by facsimile machine (fax), the sender adopts the certificate received by DFPS as a duplicate original and adopts the signature produced by the receiving fax machine as the sender's original signature.

Agency Name: _____

Authorized Insurance Representative: _____

Address: _____

City/State/Zip: _____

Telephone Number: _____

Authorized Insurance Representative

Date

INSTRUCTIONS TO AGENTS

1. Agents must provide all requested information on this Certificate.
2. Binder numbers are not acceptable for policy numbers.
3. This Certificate acts as the only acceptable proof of insurance coverage required for DFPS contracts.
4. List the Insured's legal name, including the DBA (doing business as) name. Over-stamping and/or over-typing entries on this Certificate are not acceptable if such entries change any of the provisions of this Certificate.
5. IF APPLICABLE, DO NOT COMPLETE THIS CERTIFICATE UNLESS THE BUSINESS AUTOMOBILE LIABILITY POLICY INCLUDES OWNED VEHICLES, HIRED VEHICLES, AND NON-OWNED VEHICLES.
6. DO NOT COMPLETE THIS CERTIFICATE UNLESS THE COMMERCIAL CRIME POLICY INCLUDES A THIRD PARTY AND EMPLOYEE DISHONESTY ENDORSEMENT.

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