



RAILROAD COMMISSION OF TEXAS
Gas Services Division
License & Permit Section
Certificate of Insurance

Please indicate type of fuel
 LPG__ CNG__ LNG__

Workers' Compensation and Employers Liability or Alternative Accident/Health Insurance

 (Name of Insurance Company; TDI No.; and NAIC No.)

Located at: _____
 (Home Office Address of Insurance Company)

certifies that insurance coverage as indicated below is being provided to:

 (Licensee's Name as it appears on the license) (License No.)

 (Mailing Address of Licensee)

CHECK ONE:

_____ Workers' Compensation, including Employer's Liability Insurance, is being provided by the insurance company named above in the amount specified in §9.26(a), Table 1, of the LP Gas Safety Rules (16 Tex. Admin. Code Chapter 9); §13.62(a), Table 1, of the Regulations for Compressed Natural Gas (CNG) (16 Tex. Admin. Code Chapter 13); or §14.2031(a), Table 1, of the Regulations for Liquefied Natural Gas (LNG) (16 Tex. Admin. Code Chapter 14).

_____ Workers' Compensation Alternative Accident/Health Insurance is being provided by the insurance company named above in the amount specified in §9.26(a), Table 1, of the LP Gas Safety Rules (16 Tex. Admin. Code Chapter 9); §13.62(a), Table 1, of the Regulations for Compressed Natural Gas (CNG) (16 Tex. Admin. Code Chapter 13); or §14.2031(a), Table 1, of the Regulations for Liquefied Natural Gas (LNG) (16 Tex. Admin. Code Chapter 14).

Policy Number _____ is effective from _____ to _____
 (Start Date) (End Date)

I declare that I am authorized to make the representations on behalf of the Insurance Company named above, and that the statements are true, correct, and complete to the best of my knowledge.

Signed at _____ on this _____ day of _____, 20____.
 (County and State)

 Printed Name of Insurance Company

 Printed Name of Insurance Company's Authorized Representative

 Signature of Insurance Company's Authorized Representative

Return to:
 Railroad Commission of Texas
 Gas Services Division
 License and Permit Section
 PO Box 12967
 Austin, TX 78711-2967

Website: www.rrc.state.tx.us
 Phone (512) 463-6931
 Fax (512) 463-8111