



**RAILROAD COMMISSION OF TEXAS**

Gas Services Division  
License & Permit Section  
Certificate of Insurance

Please indicate type of fuel  
LPG\_\_ CNG\_\_ LNG\_\_

**Motor Vehicle, Bodily Injury, and Property Damage Liability**

\_\_\_\_\_  
(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)

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).

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