



TEXAS DEPARTMENT OF LICENSING AND REGULATION

INSURANCE AGENT INFORMATION FORM

P. O. Box 12157 Austin, TX 78711	920 Colorado Austin, TX 78701	(800) 803-9202 (512) 463-6599 FAX: (512) 475-2871	www.license.state.tx.us air.conditioning@license.state.tx.us
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This form should be completed and submitted to the Department to be authorized to submit Air Conditioning Contractors' certificates of insurance via the Internet.

NAME OF INSURANCE AGENT: _____

TDI LICENSE NUMBER: _____

NAME OF INSURANCE AGENCY: _____

INSURANCE AGENCY ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

E-MAIL ADDRESS: _____

Upon receipt of a Certificate of Insurance via the Internet, the Department will automatically send an acknowledgement to the insurance agent at the e-mail address specified above. For security reasons, these e-mails should be continuously monitored and the Department notified immediately if the information is not valid.

If any information supplied on this form changes, I agree to notify the Department within thirty (30) days of the change.

I agree to monitor certificate of insurance acknowledgement e-mails and notify the Department if proof of insurance was submitted without my authorization.

Insurance Agent Signature

Date