



# TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

[www.tdlr.texas.gov](http://www.tdlr.texas.gov)

## MOTOR FUEL METERING AND QUALITY CERTIFICATE OF INSURANCE

### THIS FORM IS TO BE FILLED OUT BY AN AUTHORIZED INSURANCE REPRESENTATIVE ONLY

This Certificate of Insurance (COI) is issued to the Texas Department of Licensing and Regulation (TDLR) as a matter of information only and confers no rights upon TDLR. This COI does not affirmatively or negatively amend or extend the insurance policy listed below.

This COI is used only for the purpose of proving that the Service Company listed below has active general liability insurance coverage, as required by 16 TAC §97.53. A Service Company is required to maintain general liability coverage of at least \$25,000 per occurrence; \$50,000 aggregate.

1. Service Company Name:		2. Service Company dba:	
3. Mailing Address:			
Number, Street Name, Suite Number/Apartment		City	State Zip code
4. Insurance Company:		5. Policy Number:	
Binders and declarations are not accepted			
6. Term Dates:		7. Amount of Coverage:	
to		Minimum Required \$50,000	
Effective (mm/dd/yyyy)		Expiration (mm/dd/yyyy)	
8. Name of Insurance Agency:		9. Name of Agent:	
10. Insurance Agency Address:			
Number, Street Name, Suite Number/Apartment		City	State Zip code
11. Agent Phone Number:			
(Area Code) Phone Number			

I certify that this insurance company is licensed to do business by the Texas Department of Insurance or is an Eligible Surplus Lines Carrier. I further certify that this policy meets the minimum requirements for a Service Company License, with aggregate amounts of no less than the minimum class amounts.

Printed Name

Signature of Authorized Insurance  
Representative

Agent License Number

Date

### **CERTIFICATE HOLDER ADDRESS:**

Texas Department of Licensing and Regulation  
P.O. Box 12157  
Austin, TX 78711-2871  
Phone: (512) 463-6599 • Fax: (512) 475-2871  
[www.tdlr.texas.gov](http://www.tdlr.texas.gov)

TDLR Form FMQ007 vers July 2020

**CANCELLATION:** Should any of the above described policies be canceled or reduced, the insurance carrier shall endeavor to notify the Department at least 30 days before the cancellation or non-renewal by the insurance carrier, and not more than 10 days after non-renewal or cancellation by the insured.