**TEXAS STATE BOARD OF PLUMBING EXAMINERS**
**PO BOX 4200 • AUSTIN, TX 78765-4200 • (512) 936-5200**
**Scan and Email to: insurance@tsbpe.texas.gov**
**Allow up to 10 days for processing before contacting this office for confirmation of receipt of certificate.**

# CERTIFICATE OF INSURANCE (COI)

**A Master Plumber shall furnish the Texas State Board of Plumbing Examiners (Board) with a current Certificate of Insurance (COI) before acting as a Responsible Master Plumber (RMP). This COI expires on the date that the insurance policy specified herein expires. The RMP shall furnish the Board with a current COI immediately upon or prior to the expiration of this COI. At least the minimum insurance coverage specified in (1) and (2) below shall be maintained at all times during which the Master Plumber acts as a RMP. The insurance coverage must include all types of plumbing that will be performed under the RMP's license, including if applicable, liquefied petroleum gas plumbing, medical gas plumbing, and multipurpose residential fire protection sprinkler plumbing. The Certificate Holder does not guarantee the accuracy of any information provided in this COI. This COI neither affirmatively or negatively amends, extends, or alters the coverage afforded by the insurance policy specified herein. The terms of the policy control over the terms of this certificate.**

**Responsible Master Plumber (RMP) Name:**_____ **License #: M–**_____

**Business Name:** _____ **Telephone: (**_____**)**_____

**RMP Email Address:** _____

**RMP Address:** _____
**Street** **City** **State** **Zip**

**Business Owner Name:** _____

**Insurance Company:** _____

**Policy Number:** _____**Effective Date:** _____ **Expire Date:** _____

**Name of Insurance Agency:** _____ **Agent Phone: (**_____**)**_____

**Insurance Agent Email Address:** _____

**Insurance Agency Address:** _____
**Street** **City** **State** **Zip**

**By my signature below, as an agent for an insurer authorized to engage in the business of insurance in this state or an eligible surplus lines insurer, as defined by Section 981.002, Insurance Code, I hereby sign this Certificate of Insurance (COI) stating that the above policy meets at least the following minimum standards:**

**(1) provides for commercial general liability insurance for the above named Responsible Master Plumber for claims for property damage or bodily injury, regardless of whether the claim arises from a negligence claim or on a contract claim; and**
**(2) is in a coverage amount of not less than $300,000 for all claims arising in any one-year period.**

_____ _____ _____
**Signature of Agent** **Printed Name of Agent** **Date**

**CERTIFICATE HOLDER ADDRESS:**

**TEXAS STATE BOARD OF PLUMBING EXAMINERS**
**PO BOX 4200**
**AUSTIN, TX 78765-4200**
**PHONE: (512) 936-5200 EXT. 65203**
**www.tsbpe.texas.gov**

**CANCELLATION:**

**Should any of the above described policies be cancelled, non-renewed, or otherwise modified, the Texas State Board of Plumbing Examiners (Certificate Holder) will be notified in accordance with the terms of the underlying policy.**


Approved by TDI 09/26/2017, Filing Link No. S644091