

## **LIFE SAFETY AND PROPERTY PROTECTION LICENSING REQUIREMENTS**

1. **Please complete all pages of a new firm application and signatures in blue ink only.**
  
2. Submit **completed** firm application, with a current email address listed, along with all **required signatures**. Firm **must not** have a P. O. Box for the physical address. **If the firm & employee licenses are not renewed on or before the expiration date, the license is not valid and is subject to suspension. All licenses are to be renewed before the 1<sup>st</sup> of the month in which they expire.** The name of the firm (along with any dba) and physical address listed on the firm application **MUST** match the name and physical address on the insurance certificates.
  
3. All owners/principals of the firm **must sign** the application and submit a copy of their **current, valid driver's license**. If you have a renewal sticker on the back of your driver's license, then please send a copy of the back of the license also. (For Property Protection firm owners / principals, by signing the application, you authorize this office to conduct a criminal records background check.)
  
4. Firms that carry property protection endorsements **MUST** have a fingerprint background check done on all owners and/or principals. Each owner / principal **MUST** submit a fingerprint card from their local law enforcement agency, an application for a fingerprint background check (form found on our website) to be conducted and a **check made payable to the Department of Public Safety** for the **fees required for the background check**.
  
5. **All Property Protection** licensed firms **MUST** be located in the state of Louisiana and the office must be fully operational.
  
6. All firms **MUST** have a qualifier for each endorsement they carry. The qualifier for all endorsement types must live **within 150 miles** of the business for which they qualify. Also, the designated qualifier of all license endorsements must submit a **signed affidavit** with the endorsements that they qualify checked off. If the owner is the qualifier, then he/she need only fill out the owner affidavit.
  
7. Insurance certificates **must be faxed** (225-925-3699) **or mailed** in to the Fire Marshal's office **by the insurance agent**. Each firm shall have at least \$500,000.00 general liability and shall have workers compensation if they have any employees other than the owner. The insurance certificate must have the current physical address of the firm listed in the box "Name of Insured". In the "Description of Operations", it should state: "Life Safety and Property Protection" or specifically list the type of work performed. In the section "Certificate Holder", it should have the following listed: (See sample copy on the next page)

Office of the State Fire Marshal  
Licensing Section  
8181 Independence Blvd.  
Baton Rouge, LA 70806 Revised 1/28/15 2

8. If the firm is located outside of Louisiana, you must indicate an **Agent of Service**.

9. Each firm shall submit a copy of their qualifiers **current NICET certificate**, or any other certification of their qualifier.

10. If the firm is going to perform high pressure hydrostatic testing, firm **MUST** apply for a Hydrostatic Testing and Fire Extinguisher endorsement and **submit a copy of U.S. DOT permit**.

**11. All employees of the firm must be paid W-2 employees.**

12. Send only **ONE** company check or money order made payable to “**Office of the State Fire Marshal**” with the firm application and any employee applications. **NO CASH or PERSONAL CHECKS** accepted.

13. **ALL Firms** shall send a sample of each color service tag (blue, green, yellow & red), installation tag and 6 year/hydrostatic testing label (form attached to new firm application).

14. **Vehicle Registration for out-of-state Fire Protection & Sprinkler Firms.** Each vehicle that will travel in Louisiana will need to be registered on a Vehicle Registration form (found on our website under Firm Information) and shall pay \$20 each for a license certificate to be kept in the vehicle. Name of the firm, the firm’s physical address, phone number and license number are to be **Pre-Printed or Ink Stamped** on the tags.

15. **Fire Protection Endorsement Equipment** (Refer to Title 55:V:Chapter 30, Section 3053). Those firms carrying endorsements of fire alarm and fire extinguisher must have the required pieces of equipment to be licensed.

**NOTE: The Firm MUST fill out all pages of the new firm application and fill out an affidavit for each qualifier. If the owner is the qualifier, then he/she need only fill out the owner affidavit.**

**NOTE: All firms should notify this office within ten (10) days, by use of a new application, if there are any changes in the business name, address, phone numbers or ownership.**

**The Office of the State Fire Marshal Requirements to Complete an Acord Insurance Certificate**

All firms licensed with the Office of the State Fire Marshal are required, by statute, to maintain at least \$500,000 in general liability insurance and to provide this office with a current certificate from your agent by fax (225-925-3699) or mail (8181 Independence Blvd., Baton Rouge, LA 70806). This information sheet is intended to assist you in meeting these requirements when submitting an Acord form. It is your responsibility to see that your insurance coverage meets requirements and that this office is provided with evidence of that coverage. License renewals or new applications will not be approved until ALL insurance requirements are met.

**1. PRODUCER**  
Insurance Agent/Broker who issues the certificate.

**2. NAME OF INSURED** The full company name along with any DBA and the current physical address of the company.

**3. TYPES OF INSURANCE** Must check the box for commercial general liability.

**4. POLICY FORM** The per occurrence box must be checked.

**5. DESCRIPTION OF OPERATIONS** Must indicate "Life Safety and Property Protection".

**6. CERTIFICATE HOLDER** Must be listed as:  
"Office of the State Fire Marshal Licensing Section  
8181 Independence Blvd., Baton Rouge, LA 70806."

**7. COMPANY AFFORDING COVERAGE** Provide the exact name of the company.

**8. POLICY EFFECTIVE DATE** Must be prior to or coincidental with the expiration date of the last insurance cert. filed with this office.

**9. POLICY EXPIRATION DATE** Must have a current date.

**10. LIMITS OF INSURANCE** Must be at least \$500,000 per occurrence.

**11. NOTICE OF CANCELLATION**

**13. WORKERS COMPENSATION** is required if there are any employees other than the owners.

**12. AUTHORIZED REPRESENTATIVE** If the company affording coverage is an admitted company, the certificate must be signed by a licensed agent in Louisiana.

ACORD - CERTIFICATE OF LIABILITY INSURANCE		11/28/06																												
<b>PRODUCER</b> The Insurance Company P. O. Box 1234 Baton Rouge, LA 77777		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT ALTER, EXTEND OR AFFECT THE COVERAGE AFFORDED BY THE POLICIES BELOW.																												
<b>INSURED</b> Fire & Security, Inc. 25785 Safety St. Baton Rouge, LA 12345		<b>INSURER AFFORDING COVERAGE</b> NAME # NUMBER 1 NUMBER 2 NUMBER 3 NUMBER 4																												
<b>COVERAGE</b> THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. APPLICABLE LIMITS INDICATED MAY HAVE BEEN REDUCED BY PAID CLAIMS.																														
<table border="1"> <thead> <tr> <th>TYPE OF INSURANCE</th> <th>POLICY NUMBER</th> <th>POLICY PERIOD</th> <th>LIMITS</th> </tr> </thead> <tbody> <tr> <td>                             GENERAL LIABILITY  <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY  <input type="checkbox"/> BLIND MAINT  <input checked="" type="checkbox"/> OCCUP                              (SEE INSTRUCTIONS LAST APPLIED FOR POLICY)                         </td> <td>3/1/06</td> <td>3/1/07</td> <td>\$500,000</td> </tr> <tr> <td>                             AUTOMOBILE LIABILITY  <input type="checkbox"/> AUTO  <input type="checkbox"/> ALL OWNED AUTOS  <input type="checkbox"/> NON-OWNED AUTOS  <input type="checkbox"/> HIRED AUTOS  <input type="checkbox"/> NON-OWNED AUTOS                         </td> <td></td> <td></td> <td></td> </tr> <tr> <td>                             BUSINESS LIABILITY  <input type="checkbox"/> ANY AUTO                         </td> <td></td> <td></td> <td></td> </tr> <tr> <td>                             PROFESSIONAL LIABILITY  <input type="checkbox"/> OCCUR  <input type="checkbox"/> CLAIM MADE  <input type="checkbox"/> EXCLUSIVE                         </td> <td></td> <td></td> <td></td> </tr> <tr> <td>                             WORKERS COMPENSATION AND EMPLOYERS LIABILITY                              (SEE INSTRUCTIONS LAST APPLIED FOR POLICY)                         </td> <td></td> <td></td> <td></td> </tr> <tr> <td>                             OTHER                         </td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	TYPE OF INSURANCE	POLICY NUMBER	POLICY PERIOD	LIMITS	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> BLIND MAINT <input checked="" type="checkbox"/> OCCUP (SEE INSTRUCTIONS LAST APPLIED FOR POLICY)	3/1/06	3/1/07	\$500,000	AUTOMOBILE LIABILITY <input type="checkbox"/> AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				BUSINESS LIABILITY <input type="checkbox"/> ANY AUTO				PROFESSIONAL LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIM MADE <input type="checkbox"/> EXCLUSIVE				WORKERS COMPENSATION AND EMPLOYERS LIABILITY (SEE INSTRUCTIONS LAST APPLIED FOR POLICY)				OTHER				<h1>SAMPLE</h1>	
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<b>DESCRIPTION OF OPERATIONS (LISTATIONS) (EXCLUSIONS ADDED BY INDUSTRY) (SPECIAL PROVISIONS)</b> Life Safety and Property Protection																														
<b>CERTIFICATE HOLDER</b> Office of the State Fire Marshal Licensing Section 8181 Independence Blvd. Baton Rouge, LA 70806		<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE SERVICE REPRESENTATIVE SHALL PROVIDE TO MAIL _____ DATE WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE SERVICE, ITS AGENTS OR REPRESENTATIVES.																												
ACCORD 28 (09/14/04) 1 of 2		Signature of Licensed Agent																												