

# 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.

PRODUCER		<b>ACORD - CERTIFICATE OF LIABILITY INSURANCE</b>		DATE REVISED (YYMM) 11/28/06
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 AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.		
INSURED		INSURER AFFORDING COVERAGE		NAIC #
Fire & Security, Inc. 25789 Safety St. Baton Rouge, LA 12345		Your Insurance Company		FIC-1
COVERAGES		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 OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.		
TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS
SAMPLE				
<b>A</b> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> OCC <input type="checkbox"/> LOC		3/1/06	3/1/07	EACH OCCURRENCE \$500,000 MED EXP (Per one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
<b>A</b> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
DAMAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: \$ EACH OCCURRENCE \$ AGGREGATE \$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPERTY OR PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED? If yes, describe under SPECIAL COVERAGE LIMITS. OTHER				EMPLOYEE - EA ACCIDENT \$ EA DISEASE - EA EMPLOYEE \$ EA DISEASE - POLICY LIMIT \$
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS				
Life Safety and Property Protection				
CERTIFICATE HOLDER		CANCELLATION		
Office of the State Fire Marshal Licensing Section 8181 Independence Blvd. Baton Rouge, LA 70806		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL endeavor to MAIL <u>10</u> DAYS 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 INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE Signature of Licensed Agent		