Department of Public Safety and Corrections
Public Safety Services

JOHN BEL EDWARDS
GOVERNOR

JOHN W. ALARIO
EXECUTIVE DIRECTOR

CERTIFICATE OF INSURANCE

This is to certify, that:

_____
(Name of Insurance Company)

(Hereinafter Called Company) Of:

_____
(Home Office Address Of Insurance Company)

HAS ISSUED TO _____
(Name of Insured)

_____
(Street and Number/ P.O. Box) (City or Town) (State) (Zip Code)

Effective as of the dates and for the periods specified below and subject to all provisions and limitations of such policies whether shown by endorsement or otherwise. If policy/policies described below are materially changed so as to restrict or reduce the amounts of insurance as stated or change the name of the insured, the company will notify by mail or facsimile, the insured and the Liquefied Petroleum Gas Commission.

TYPE OF INSURANCE	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	LIMITS (In $1,000)	
GENERAL LIABILITY ☐ Commercial General Liability ☐ Claims Made ☐ Occur.				Each Occurrence	$
				Fire Damage	$
				Med. Exp.	$
				Personal &Adv. Inj.	$
				General Aggregate	$
				Prod.-Comp./Op. Agg.	$
AUTOMOBILE LIABILITY ☐ Any Auto ☐ All Owned Autos ☐ Scheduled Autos ☐ Hired Autos ☐ Non-Owned Autos				Comb. Single Limit (Each Accident)	$
				Bodily Injury (Per Person)	$
				Bodily Injury (Per Accident)	$
				Property Damage (Per Accident)	$
GARAGE LIABILITY ☐ Any Auto				Auto Only Each Accid.	$
				Other Than Auto Only Each Accid.	$
				Aggregate	$
EXCESS LIABILITY ☐Occur. ☐ Claims Made				Each Occurrence	$
				Aggregate	$
DESCRIPTION OF OPERATIONS/ADDITIONAL INSUREDS/LOCATIONS/VEHICLES/SPECIAL ITEMS (Attach separate page if necessary)					

In the event the insurance company intends to cancel or not renew the insurance policy/policies listed above, the insurance company will notify by mail or facsimile, the director of the Liquefied Petroleum Gas Commission 10 days prior to the date of such cancellation or non-renewal.

CERTIFICATE ISSUED TO:	LOUISIANA LIQUEFIED PETROLEUM GAS COMMISSION P. O. BOX 66209, BATON ROUGE, LOUISIANA 70896 TELEPHONE 225-925-4895 FACSIMILE 225-925-4898

BY: _____
(Name of Agency) (Address of Agency) (Telephone)

Signed By: _____ This _____ Day of _____ 20 _____
(Louisiana Licensed Agent)