



**NORTH CAROLINA  
ALARM SYSTEMS LICENSING BOARD**

3101 Industrial Drive • Suite 104  
Raleigh, North Carolina 27609  
Phone: (919) 788-5320 • Fax: (919) 788-5365  
E-Mail: [PPSASL@ncdps.gov](mailto:PPSASL@ncdps.gov)  
Web Page: [www.ncdps.gov/ASL.aspx](http://www.ncdps.gov/ASL.aspx)



**LICENSE APPLICANT  
FINANCIAL RESPONSIBILITY LIABILITY INSURANCE CERTIFICATE**

THIS IS TO CERTIFY THAT:

\_\_\_\_\_ (INSURANCE COMPANY)

MAILING ADDRESS:

\_\_\_\_\_ (Po Box or Street) (City) (State) (Zip)

HAS REVIEWED NORTH CAROLINA GENERAL STATUTE 74D-9(d),(e) & (f), AND HAS ISSUED AND HAS COVERAGE FOR:

NAME OF LICENSEE: \_\_\_\_\_

HOME ADDRESS:

\_\_\_\_\_ (Po Box or Street) (City) (State) (County) (Zip)

COMPANY BUSINESS NAME: \_\_\_\_\_

MAILING ADDRESS:

\_\_\_\_\_ (Po Box or Street) (City) (State) (Zip)

...AN INSURANCE POLICY PROVIDING AT LEAST THE FOLLOWING MINIMUM LIMITS OF PUBLIC LIABILITY COVERAGE, AS AUTHORIZED BY G.S. 74D-9(d) OBLIGATED TO PAY AS A RESULT OF THE NEGLIGENT ACT OR ACTS OF THE PRINCIPAL INSURED OR HIS AGENTS OPERATING IN THE COURSE AND SCOPE OF THEIR AGENCY: BODILY INJURIES - \$50,000 FOR ONE PERSON AND \$100,000 FOR TWO OR MORE PERSONS, EACH OCCURRENCE; PROPERTY DAMAGE - \$20,000 EACH OCCURRENCE.

THE INSURANCE OR SURETY COMPANY SHALL GIVE AT LEAST THIRTY (30) DAYS WRITTEN NOTICE BY REGISTERED MAIL TO THE ALARM SYSTEMS LICENSING BOARD, 3101 INDUSTRIAL DRIVE, STE 104, RALEIGH, NORTH CAROLINA 27609, AS A CONDITION PRECEDENT TO THE CANCELLATION, MATERIAL CHANGE, OR CANCELLATION BY THE INSURED; AND, IF SUCH CONDITION IS NOT SATISFIED, ANY CANCELLATION OR ATTEMPTED CANCELLATION SHALL BE NULL, VOID, AND OF NO EFFECT.

THIS CERTIFICATE FOR POLICY NUMBER: \_\_\_\_\_

IS EFFECTIVE FROM \_\_\_\_\_, 20\_\_\_\_ TO \_\_\_\_\_, 20\_\_\_\_.

**AUTHORIZATION**

INSURANCE AGENT PRINTED NAME SIGNATURE INSURANCE LICENSE NUMBER

INSURANCE AGENCY NAME: \_\_\_\_\_ PHONE NUMBER: (\_\_\_\_)

AGENCY ADDRESS: \_\_\_\_\_ (Po Box or Street) (City) (State) (County) (Zip)

THE ABOVE WAS SWORN AND SUBSCRIBED TO BEFORE ME THIS

The \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_