



NORTH CAROLINA PRIVATE PROTECTIVE SERVICES BOARD

4901 Glenwood Avenue • Suite 200 Raleigh, NC 27612 Phone: (919) 788-5320 • Fax: (919) 788-5365 E-Mail: PPSASL@ncdoj.gov Web Page: www.ncdoj.gov/PPS.aspx



LICENSE APPLICANT

FINANCIAL RESPONSIBILITY LIABILITY INSURANCE CERTIFICATE

THIS IS TO CERTIFY THAT: (INSURANCE COMPANY)

MAILING ADDRESS: (P.O. Box or Street) (City) (State) (Zip)

HAS REVIEWED NORTH CAROLINA GENERAL STATUTE 74C-10(e) & (f), AND HAS ISSUED AND HAS COVERAGE FOR:

NAME OF LICENSEE:

HOME ADDRESS: (Street) (City) (State) (County) (Zip)

COMPANY BUSINESS NAME:

MAILING ADDRESS: (Po Box or Street) (City) (State) (County) (Zip)

TYPE(S) OF LICENSE(S) AND/OR CERTIFICATION HELD: CIRCLE APPLICABLE LICENSE(S) AND/OR CERTIFICATION

- (1) ARMORED CAR PROFESSION (2) ELECTRONIC COUNTERMEASURES (3) COURIER SERVICE PROFESSION (4) FIREARMS TRAINER (5) GUARD DOG SERVICE PROFESSION (6) POLYGRAPH EXAMINER LICENSE (7) PRIVATE INVESTIGATOR ARMED (8) PSYCHOLOGICAL STRESS EVALUATOR (9) SECURITY GUARD AND PATROL PROFESSION (10) SPECIAL LIMITED GUARD & PATROL LICENSE

...AN INSURANCE POLICY PROVIDING AT LEAST THE FOLLOWING MINIMUM LIMITS OF PUBLIC LIABILITY COVERAGE, AS AUTHORIZED BY G.S. 74C-10(e) 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 PRIVATE PROTECTIVE SERVICES BOARD, 4901 GLENWOOD AVENUE, STE 200, RALEIGH NORTH CAROLINA 27612, 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 OFFICE PHONE NUMBER

THE ABOVE WAS SWORN AND SUBSCRIBED TO BEFORE ME THIS

The Day of, 20

Notary Public

My Commission Expires: