



**Texas Real Estate Commission**

**P.O. Box 12188**

**Austin, Texas 78711-2188**

www.trec.texas.gov (512) 936-3000

Upon notification from the Texas Real Estate Commission (TREC) that an applicant for an inspector license has met all other licensing requirements, the applicant shall file proof of financial responsibility with TREC. This Certificate expires on the same date that the below named bond expires. An inspector renewing a license is required to file a new Certificate with TREC, no later than 15 days after this Certificate expires. This Certificate confers no rights upon the certificate holder and is issued for informational purposes only.

**INSPECTOR INFORMATION**

1. Name of Inspector \_\_\_\_\_

2. TREC Inspector License Number \_\_\_\_\_

3. Place of Business Address \_\_\_\_\_

4. Mailing Address (if different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

5. Business Phone \_\_\_\_\_

6. Email Address \_\_\_\_\_

**SURETY INFORMATION**

7. Bond Number \_\_\_\_\_ Effective Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

8. Name of Principal \_\_\_\_\_

9. Name of Surety \_\_\_\_\_

10. Texas Dept. of Insurance Company License Number \_\_\_\_\_

11. Name of Authorized Surety Representative \_\_\_\_\_

12. Phone Number of Authorized Surety Representative \_\_\_\_\_

13. Place of Business Address of Authorized Surety Representative \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**By my signature below, as an authorized surety representative, I hereby certify that the above bond meets the following minimum standards:**

- provides financial responsibility for the above-named inspector for liability arising from the performance of a real estate inspection in a negligent or incompetent manner and;
- is in an amount not less than \$100,000;
- is continuous; and
- is cancellable by the surety only after the surety has provided at least 90 days' written notice to the Commission before the effective date of the cancellation.

\_\_\_\_\_  
Signature of authorized surety representative

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date