

# Proof of Liability Insurance

Please complete this form, provide notarization, and attach your carrier's  
**Certificate of Liability Insurance Declaration Page.**

Return Completed form to:

Northwest ISD  
P.O. Box 77070  
Fort Worth, TX 76177-0070

Organization: \_\_\_\_\_  
(name)

\_\_\_\_\_  
(address)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(phone)

\_\_\_\_\_  
(fax)

Carrier: \_\_\_\_\_

Policy Number \_\_\_\_\_

Policy Limits: General Aggregate (\$1,000,000) \_\_\_\_\_  
Pro/Comp/Ops Aggregate (\$1,000,000) \_\_\_\_\_  
Personal & Adv Injury (\$500,000) \_\_\_\_\_  
Each Occurrence(\$1,000,000) \_\_\_\_\_  
Fire Damage (\$100,000min) \_\_\_\_\_  
Medical Expense (\$5,000min per person) \_\_\_\_\_

State of Texas

County of \_\_\_\_\_

Before me, the undersigned authority, this day, personally appeared \_\_\_\_\_  
and on oath stated that the above facts are true to the best of their knowledge or belief.

Sworn to and subscribed before me on this \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Notary Public in and for the State of Texas)

My commission Expires: \_\_\_\_\_