



**NORTH CAROLINA
PRIVATE PROTECTIVE SERVICES BOARD**



3101 Industrial Dr. • Suite 104
Raleigh, North Carolina 27609
Phone: (919) 788-5320 • Fax: (919) 715-0370
E-Mail: PPSASL@ncdps.gov
Web Page: www.NCDPS.gov/PPS

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 74C-10(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) (County) (Zip)

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

- | | |
|----------------------------------|---|
| (1) ARMORED CAR PROFESSION | (6) POLYGRAPH EXAMINER LICENSE |
| (2) COUNTERINTELLIGENCE SERVICE | (7) PRIVATE INVESTIGATOR |
| (3) COURIER SERVICE PROFESSION | (8) PSYCHOLOGICAL STRESS EVALUATOR |
| (4) FIREARMS TRAINER | (9) SECURITY GUARD AND PATROL PROFESSION |
| (5) GUARD DOG SERVICE 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, 3101 INDUSTRIAL DR., 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	() OFFICE PHONE NUMBER
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THE ABOVE WAS SWORN AND SUBSCRIBED TO BEFORE ME THIS

The _____ Day of _____, 20____

Notary Public

My Commission Expires: _____