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TEXAS DEPARTMENT OF AGRICULTURE
COMMISSIONER SID MILLER
P. O. BOX 12847 AUSTIN, TX 78711-2847
1-877-542-2474

For the hearing impaired: (1-800-735-2989)
TDD (1-800-735-2988) VOICE

www.tda.state.tx.us

SPCS BUSINESS LICENSE

This is to certify that the business listed below has met the licensing requirements of Texas Occupations Code, Chapter 1951 and is authorized to engage in the business of Structural Pest Control.

TDA TPCL No. : 0569658

SPCB TPCL : 305

PIED PIPER PEST CONTROL

Issue Date : 07/31/2015

12103 JONES MALTSBERGER
SAN ANTONIO TX 78247

Expiration Date : 07/31/2016

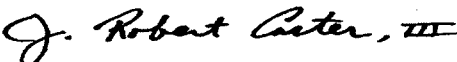


Texas Department of Agriculture
 STRUCTURAL PEST CONTROL SERVICE
 CERTIFICATE OF INSURANCE

ALS-1101

COMMISSIONER SID MILLER

The policy identified in Section C has been issued by the insurer identified in Section B and insures the structural pest control business licensee identified in Section A against liability for damage to persons or property occurring as a result of operations performed in the course of the business of structural pest control on premises or any other property under the applicant's care, custody, or control in an amount not less than \$200,000 for bodily injury and property damage coverage, with a minimum total aggregate of \$300,000 for all occurrences.

SECTION A	STRUCTURAL PEST CONTROL BUSINESS LICENSEE		
	Full Business Legal Name <u>Pied Piper Pest Control, LLC</u>		
	DBA (if applicable)		
	TDA License No. <u>569658</u>	Or	TPCL No.
	Physical Address <u>12103 Jones Maltsberger Rd</u>		
SECTION B	INSURER INFORMATION		
	Name of Insurance Company <u>Imperium Insurance Company</u>		
	Mailing Address <u>800 Gessner Road, Suite 600</u>		
	City <u>Houston</u>	State <u>TX</u>	Zip <u>77024</u>
	Phone <u>(713) 935 - 4800</u>	E-mail address	
SECTION C	POLICY INFORMATION		
	Policy No. <u>IIC-GL-03065-02</u>	Policy Effective Date <u>1/1/2016</u> (mm/dd/yyyy)	Policy Expiration Date <u>1/1/2017</u> (MM/DD/YYYY)
	CERTIFICATION AND SIGNATURE		
SECTION D	I hereby certify that (1) the statements and information on this form are true and accurate to the best of my knowledge, (2) I am a licensed Texas insurance agent or the insurer's representative authorized to sign on behalf of the insurer identified above, and (3) the insurer identified above is authorized to do business in the State of Texas.		
	Name of Insurer's Representative or Agent <u>J. Robert Carter III</u>	Signature of Insurer's Representative or Agent and Date	
	Texas License Number (if agent signs) <u>000-606640</u>	 <u>December 24, 2015</u> (mm/dd/yyyy)	

Please email the completed and signed form to
insurance@texasagriculture.gov

This Certificate of Insurance is issued for informational purposes only, does not confer any rights or obligations other than the rights and obligations conveyed by the policy referenced herein, and the terms of said policy shall control over the terms herein.