



**STATE OF TENNESSEE  
DEPARTMENT OF COMMERCE AND INSURANCE  
BOARD FOR LICENSING CONTRACTORS**

Mailing Address: 500 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243-1150

**TELEPHONE: 800-544-7693 OR (615) 741-8307 OR FAX (615) 532-2868**  
<http://tn.gov/commerce/boards/contractors/> Email: [Contractor.Renewal@tn.gov](mailto:Contractor.Renewal@tn.gov)

**NOTICE OF INSURANCE**

*(Use as a “cover-sheet” to provide proof of insurance not included with your application)*

It is encouraged to only send proof of insurance with the appropriate application form, such as when applying for a new license, renewing or for obtaining a license revision. This will ensure a pending license gets issued. However, if you failed to include proof of insurance with the application, you may submit the “Certificate of Insurance” with this form to identify the appropriate section to forward where it is needed.

1. Attached is an updated “Certificate of Insurance” to be placed in the records of the Board for Licensing Contractors, for a license as:

- Contractor: \_\_\_\_\_ - License ID# \_\_\_\_\_; \_\_\_\_\_ -N/A
- Home Improvement: \_\_\_\_\_ - License ID# \_\_\_\_\_; \_\_\_\_\_ -N/A

2. This “Certificate of Insurance” is forwarded to the Board for the following reason(s):

- Pending Renewal – Needed to complete license renewal issuance
- Pending New License – Needed to obtain new license
- Pending Revision – Needed to complete for revision of license:  
\_\_Name Change; \_\_Mode of Operation Change; \_\_Increase \_\_Other
- Renewed Insurance – For Records Update
- Records Update - Due to new provider, cancellation or expiration
- Cancellation Notice – License to be made “Invalid”
- Other - \_\_\_\_\_

Submitted by:       Contractor       Insurance Company       Other - \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_

\_\_\_\_\_  
Signature

Date \_\_\_\_\_

## **Format for Submitting Proof of Insurance for Contractor's License**

Always supply a cover-sheet or “**Notice of Insurance**” *if submitting proof of insurance without being attached to the application*. Format requirements for submitting proof of insurance to the Contractors Board is:

**Certificate of Insurance** (available from your insurance agency) which lists a **policy number** (*not binder or account number*), a **beginning and expiration date**, and **limits** of the insurance. The **name on the license** must match the **name in the insured box**. **The Board should be listed as the certificate holder**. Submitting anything other than a certificate of insurance may delay license issuance, and the following is listed as a guideline to the requirements:

- “Producer” section must include the name of the insurance agency, and telephone number;
- “Insured” section should list the name of the contractor as licensed;
- “Certificate of Insurance” should list the name of the insurance company;
- To Be Determined” or “TBD” is not acceptable;
- Policy effective and expiration date listed;
- “Description of Operations” portion must list: “State of Tennessee Contractors License”;
- “Certificate Holder” section should list the “Board for Licensing Contractors” with address; and
- “Cancellation Notice” section must be completed with at least **10 days** notice to be given (*unless law amended*)
  
- Limits are required to be listed on Certificate of Insurance:
  - Each occurrence (*this value must comply with minimum requirements based on monetary limit*)
  - Damage to Rented Premises (each occurrence)
  - Medical Expense (any one person)
  - Personal & Adv Injury
  - General Aggregate
  - Products- comp/op agg

*Note: To ensure the insurance is matched to your license, please include the **license ID#** on the certificate **or** provide the “Notice of Insurance” cover-sheet. Otherwise, it may be filed or held without processing the license issuance.*

**For more information relative to insurance requirements, review at:**  
**[http://tn.gov/commerce/boards/contractors/documents/InsuranceInfo\\_001.pdf](http://tn.gov/commerce/boards/contractors/documents/InsuranceInfo_001.pdf)**