



RAILROAD COMMISSION OF TEXAS

LNG FORM 2995

Oversight and Safety Division
Alternative Fuels Safety Department

CERTIFICATION OF POLITICAL SUBDIVISION OF SELF-INSURANCE FOR WORKERS' COMPENSATION, GENERAL LIABILITY, AND/OR MOTOR VEHICLE LIABILITY INSURANCE

Please Type or Print

(Name of Political Subdivision)

(Mailing Address)

(City) (County) (State) (Zip Code)
(A/C) (Telephone No.) (A/C) (FAX No.)

CHECK THE APPROPRIATE BOX(ES)

- WORKERS' COMPENSATION: The political subdivision named above self-insures for workers' compensation coverage...
GENERAL LIABILITY: The political subdivision named above self-insures for general liability insurance coverage...
MOTOR VEHICLE LIABILITY: The political subdivision named above self-insures for motor vehicle liability insurance coverage...

If requested by the Railroad Commission of Texas, the political subdivision named above agrees, by the signature below, to furnish any and all information regarding the self-insured program(s) checked above.

This certificate of self-insurance is effective from _____, and continues until cancelled by the political subdivision. (Date)

I declare, under penalties prescribed in Sec. 91.143, Texas Natural Resources Code, that I am authorized to make the representations set out above on behalf of the political subdivision named above to comply with the Regulations for Liquefied Natural Gas of the Railroad Commission of Texas and the Texas Natural Resources Code; that this form was prepared by me or under my supervision and direction; and that statements are true, correct, and complete, to the best of my knowledge.

(Printed Name and Title of Certifying Official)

(Signature of Certifying Official)

Return to: Railroad Commission of Texas, Alternative Fuels Safety, P.O. Box 12967, Austin, Texas 78711-2967, 800-64-CLEAR

Fax (512) 463-7292

Rev. January 2021

RRC USE ONLY

Reviewed by: _____

Date: _____