

## Florida Department of Agriculture and Consumer Services Division of Agricultural Environmental Services

## **CERTIFICATE OF INSURANCE**

Rules 5E-14.142 and 5E-14.117, F.A.C. Telephone: (850) 617-7997; Fax (850) 617-7967

## Respond to:

Authorized Insurance Representative

Bureau of Licensing and Enforcement 3125 Conner Blvd., Bldg. 8, Tallahassee, FL 32399-1650

Insured:	PRODUCER: (Insurance Agent	t)
Company Name	Company Name	
Company Business Location Address	Company Business L	ocation Address
City, State, Zip Code	City, State, Zip Code	
Individual's Name (for Landscape and Wildlife applican	Insured Compan	y Affording Coverage:
	Company Name	
Policy Number	Policy effective date	Policy expiration date
	ust furnish proof of having a certific s that the employer or individual meet y damage consisting of:  ch person and \$500,000 each occurre	ate of insurance, as required bets the requirements for minimurence; and
	00 each occurrence and \$500,000 in tage: \$500,000 in the aggregate.	ne aggregate, or

## **CERTIFICATE HOLDER**

Florida Department of Agriculture and Consumer Services Bureau of Licensing and Enforcement 3125 Conner Blvd., Bldg. 8, Tallahassee, Florida 32399-1650