



Florida Department of Agriculture and Consumer Services  
Division of Consumer Services

**LP GAS INSURANCE AFFIDAVIT**

**NICOLE "NIKKI" FRIED  
COMMISSIONER**

Section 527.04, Florida Statutes  
Rule 5J-20.004, Florida Administrative Code

In order to hold a valid LP license in this state, Chapter 527, Florida Statutes, requires each licensee to have and maintain a primary policy of insurance coverage in the amount of \$300,000 (Category 3 - Cylinder Exchange Operator) or \$1,000,000 (Category 1 - Dealer, Category 2- Dispenser, Category 5 - Installer, or Category 6 - Miscellaneous). This policy must include bodily injury liability and property damage insurance covering the products and operations of the business. Insurance company forms are acceptable; however, this form may be used to provide documentation of insurance. THIS FORM MUST BE NOTARIZED in accordance with Section 92.50, Florida Statutes. Questions should be directed to the Bureau of Compliance at (850) 921-1600.

**(PLEASE PRINT OR TYPE - MUST BE COMPLETED BY LP GAS LICENSE HOLDER/APPLICANT)**

I, \_\_\_\_\_, \_\_\_\_\_, Category Type \_\_\_\_\_  
NAME OF APPLICANT/COMPANY OFFICIAL TITLE OR OFFICE HELD

DO CERTIFY THAT \_\_\_\_\_  
LP GAS LICENSEE NAME (AS IT APPEARS ON THE LP GAS LICENSE)

who holds Florida LP Gas License Number (if issued) \_\_\_\_\_, has a primary policy of bodily injury liability and property damage liability insurance covering the products and operations of such business as required by Section 527.04, Florida Statutes. Said policy is issued by an insurer authorized to do business in Florida and is for an amount not less than  \$300,000 or  \$1,000,000, as required by law.

\_\_\_\_\_  
Name of insured as it appears on the policy

\_\_\_\_\_  
Specific address of insured's location covered by the policy

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Name of insurance agent or insurance agency

\_\_\_\_\_  
Address of insurance agent or insurance agency Telephone Number

\_\_\_\_\_  
Policy Number Effective Dates (Include beginning & ending date)

A separate affidavit must be submitted covering each individual licensed location where the insured conducts LP gas operations in the state of Florida. **FAILURE TO MAINTAIN CURRENT INSURANCE SHALL RESULT IN LICENSE CANCELLATION.**

I understand as a condition of holding a liquefied petroleum gas license, a valid primary policy in an amount of not less than  \$300,000 or  \$1,000,000 must remain in full force and effect during the period of the policy and at all times that the licensee is conducting LP gas activities.

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

SWORN TO (OR AFFIRMED) AND SUBSCRIBED BEFORE ME BY MEANS OF \_\_\_\_\_ PHYSICAL PRESENCE OR \_\_\_\_\_  
ONLINE NOTARIZATION, THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_, BY \_\_\_\_\_.

\_\_\_\_\_  
SIGNATURE OF LICENSE APPLICANT/COMPANY OFFICIAL

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
DATE

Personally known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_