FLORIDA HIGHWAY PATROL

WRECKER INSURANCE STATEMENT OF COMPLIANCE

AUTHORIZED WRECKER OPERATOR: _____

ADDRESS: _____
_____

ADDRESS OF AUTHORIZED WRECKER OPERATOR'S PHYSICAL PLACE OF BUSINESS IN THE ZONE: _____

COUNTY:_____ ZONE: _____

WRECKER CLASS: _____

I, _____ , as a representative of the _____ Insurance Company, certify that the coverage outlined in the attached Certificate of Insurance, Policy # _____ meets or exceeds the minimum insurance requirements listed in Rule 15B-9.0031(3), Florida Administrative Code, pertaining to the wrecker operator system for the Department of Highway Safety and Motor Vehicles, Division of Florida Highway Patrol.

(Minimum amounts) (Initial on appropriate lines.)

1. _____ Workers' compensation and employer's liability insurance as required by Chapter 440, F.S.

   OR

   _____ Exempt from Chapter 440, F.S., in accordance with an election made pursuant to Section 440.05, F.S.

2. _____ Garage liability insurance in an amount not less than $300,000 combined single limit liability.

3. _____ Garage keeper's legal liability insurance in an amount not less than $50,000 for each loss.

4. _____ Combined bodily injury liability and property damage liability insurance.
   A. $50,000 per occurrence if wrecker GVW is less than 35,000 lbs.
   B. $100,000 per occurrence if wrecker GVW is 35,000 lbs. or more but less than 44,000 lbs.
   C. $300,000 per occurrence if wrecker GVW is 44,000 lbs. or more.

_____
Signature of Agent

_____
Date

_____
Telephone Number