

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:

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

Please check the type of business your insurance is applicable to:

Insured:		PRODUCER: (Insurance Agent)	
Company Name		Company Name	
Company Busines	s Location Address	Company Business Location Address	
City, State, Zip Coo	de	City, State, Zip Code	
Individual's Name (for Landscape and Wildlife applican		Insured Company Affording Coverage:	ording Coverage:
		Company Name	
Policy Number			
Policy	Number	Policy effective date Policy expiration	n date
tion(s) 482.071 ication for certif tion 482.071(4),	(4), 482.156(2)(a), and 482.15 fication under this section mus Florida Statutes", which states ity for bodily injury and property Bodily injury: \$250,000 each	2)(c), Florida Statutes, states, in part, "Each person urnish proof of having a certificate of insurance, as recent the employer or individual meets the requirements for i	makin juired b
ion(s) 482.0710 ication for certificion 482.071(4), ncial responsibili	(4), 482.156(2)(a), and 482.15 fication under this section mus Florida Statutes", which states ity for bodily injury and property Bodily injury: \$250,000 each	2)(c), Florida Statutes, states, in part, "Each person urnish proof of having a certificate of insurance, as recut the employer or individual meets the requirements for mage consisting of: erson and \$500,000 each occurrence; and ch occurrence and \$500,000 in the aggregate; or	makin juired b
tion(s) 482.0710 ication for certiftion 482.071(4), ncial responsibilition (A)	(4), 482.156(2)(a), and 482.15 fication under this section mus Florida Statutes", which states ity for bodily injury and property Bodily injury: \$250,000 each Property damage: \$250,000 Combined single-limit coverage	2)(c), Florida Statutes, states, in part, "Each person urnish proof of having a certificate of insurance, as recut the employer or individual meets the requirements for mage consisting of: erson and \$500,000 each occurrence; and ch occurrence and \$500,000 in the aggregate; or	makin juired b

CERTIFICATE HOLDER

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