



WILTON SIMPSON
COMMISSIONER

Florida Department of Agriculture and Consumer
Services Division of Licensing

CERTIFICATION OF INSURANCE

Chapter 493, Florida Statutes

Post Office Box 6687 • Tallahassee, FL 32314-6687 • (850) 245-5691 Internet
Address: <http://mylicensesite.com>

(to be completed by your insurance agent)

I hereby certify:

1. I am lawfully authorized to sell insurance in the State of Florida for an insurance company that is lawfully engaged to provide insurance coverage in Florida.
2. The Class "B" Security Agency licensed under Chapter 493, Florida Statutes, named below has commercial general liability coverage in a combined single-limit policy in the amount of at least \$300,000 that provides for death, bodily injury, property damage, and personal injury.
3. This policy insures for the liability for all agency employees required to be licensed by the State of Florida while acting in the course of their employment.
4. This policy provides the Department of Agriculture and Consumer Services as an additional insured *for the purpose of receiving all notices of modification or cancellation of such insurance.*

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Name of Insured (must be same as licensed name)

License Number:

Florida Address of Insured's Location Covered by this Certification (must be same as licensed address)

Policy Number_____

Expiration Date_____

Name of Insurance Company Lawfully Engaged to Sell Insurance in the State of Florida

Mailing Address of Insurance Company (Street, PO Box, etc)

City

State

Zip Code

(_____)_____

Telephone Number

Signature of Florida Licensed Insurance Agent

Florida License Number of Insurance Agent