

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

CERTIFICATE OF GENERAL LIABILITY INSURANCE PERTAINING TO PEST CONTROL BUSINESS LICENSE

Respond to:

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

Section 482.071(4), F.S. and 5E-14.142, F.A.C. Telephone: 850-617-7997

Insured: (Pest Control Business)	PRODUCER: (Insurance Agent)
Business Name	Company Name
Physical Address of Business	Street or Mailing Address
City, State, Zip Code	City, State, Zip Code
	Phone number
Policy Number	Insurance Company(ies) Affording Coverage:
Policy Effective Date	Company (Letter A - below)
Policy Expiration Date	Company (Letter B - below)
	hat each person making application for a pest control business license icate of insurance that meets the requirements for minimum financial sting of:
	rson and \$500, 000 each occurrence; and noccurrence and \$500,000 in the aggregate; or \$500,000 in the aggregate.
The insured firm's coverage meets or exceeds the minimum	um statutory requirements as stated in "A" above:
	Authorized Insurance Representative Signature
	-destroying organism inspections in the form of errors and omissions a \$500,000 in the aggregate and \$250,000 per occurrence?
Yes No	Authorized Insurance Representative Signature

CERTIFICATE HOLDER

Florida Department of Agriculture and Consumer Services Bureau of Licensing and Enforcement 3125 Conner Blvd., Bldg. 8 Tallahassee, FL 32399-1650 (850) 617-7997 FAX: (850) 617-7967