

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

## **CERTIFICATE OF INSURANCE**

Rule 5E-14.117, F.A.C. Telephone: (850) 617-7997; Fax (850) 617-7967

## Respond to:

Authorized Insurance Representative

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

Insured:	PRODUCER: (Insurance Agen	t)
Company Name	Company Name	
Company Business Location Address	Company Business I	ocation Address
City, State, Zip Code		
Individual's Name (for Landscape and Wildlife applica	Insured Compar	y Affording Coverage:
	Company Name	
Policy Number	Policy effective date	Policy expiration date
	ust furnish proof of having a certific s that the employer or individual me y damage consisting of: ch person and \$500,000 each occurre	eate of insurance, as required be ets the requirements for minimum ence; and
, , ,	o each occurrence and \$500,000 in the aggregate.	he aggregate; or
(=)	ago. quot, coo and agg. ogate.	

## **CERTIFICATE HOLDER**

Florida Department of Agriculture and Consumer Services Bureau of Licensing and Enforcement 3125 Conner Blvd., Bldg. 8, Tallahassee, Florida 32399-1650