

## 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)
	at each person making application for a pest control business license ate of insurance that meets the requirements for minimum financial ng of:
	on and \$500, 000 each occurrence; and occurrence and \$500,000 in the aggregate; or 500,000 in the aggregate.
The insured firm's coverage meets or exceeds the minimun	n statutory requirements as stated in "A" above:
Au	uthorized Insurance Representative Signature
<b>B.</b> Does the insured have insurance for performing wood-d (professional liability) coverage in an amount no less than \$	estroying organism inspections in the form of errors and omissions 500,000 in the aggregate and \$250,000 per occurrence?
Yes No Au	uthorized Insurance Representative Signature

## **CERTIFICATE HOLDER**

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