

OKALOOSA COUNTY DEPARTMENT OF GROWTH MANAGEMENT
INSURANCE CERTIFICATE GUIDELINES

Before a **Competency Card** is issued to any applicant, the applicant shall file with the Okaloosa County Department of Growth Management a certificate of Public Liability and Property Damage Insurance showing Okaloosa County Department of Growth Management as the **certificate holder** in the following amounts:

Electrical and Alarm Contractors: Liability, including complete operations and products, \$100,000 per person, \$300,000 per occurrence, \$500,000 Property Damage **OR**, a minimum combined single limit policy of \$800,000.

All Others: General Liability, \$300,000 single limit coverage.

Liability Insurance Certificates must contain the following information as prescribed by Florida Administrative Code 61G4-15.003(2) (c), and Okaloosa County Contractor Ordinances.

- a. Date that the Certificate of Insurance was issued.
- b. Okaloosa County Dept of Growth Management listed as certificate holder.
- c. Name and Signature of Insurance Agent.
- d. Name of insured must reflect the **exact name** of the business organization qualified by applicant, and the insured's fictitious name **or** D/B/A, if any.
- e. Name of Insurance Company.
- f. Policy Number **must** be on the Certificate.
- g. Effective date of policy.
- h. Expiration date of policy.
- i. Proper aggregate amount of public liability and property damage as defined....
- j. Cancellation notice with minimum of ten (10) days.
- k. Valid Binders must be replaced with an original Certificate within thirty (30) days.

EFFECTIVE MAY 4, 2012: All General Liability Certificates submitted after this date must show the type of license(s) and state or county license number(s) in which the contractor is operating in the 'Description of Operation' section of the certificate.

Workers Compensation Insurance Certificates are to contain the following information as prescribed by Florida Statutes 440

- a. Date that the Certificate of Insurance was issued.
- b. Okaloosa County Dept of Growth Management listed as certificate holder.
- c. Name and Signature of Insurance Agent.
- d. Name of insured must reflect the **exact name** of the business organization qualified by applicant, and the insured's fictitious name **or** D/B/A, if any.
- e. Name of Insurance Company
- f. Statement that coverage is provided pursuant to Florida Workers' Compensation Law: **"This certificate meets the minimum premium policy"**
- g. Policy Number **must** be on the Certificate.
- h. Effective date of policy.
- i. Expiration date of policy.
- j. Cancellation notice with minimum of ten (30) days.
- k. Valid Binders must be replaced with an original Certificate within thirty (30) days.

If your Insurance Company is located in another state they must be registered with the Worker's Compensation Bureau of Compliance Department @ 1-800-342-1741 to be able to write policies within the state of Florida. In addition we will require a copy of the declaration page of the policy (section 3-A).

If you do not have employees, Okaloosa County will accept a valid Workers' Compensation Exemption card. If you have partners/officers' who are also exempt (limit 3), please submit a copy of their exemption cards, and a copy of your partnership agreement or incorporation papers.

Address for Certificate holder should be: **812 E James Lee Blvd, Crestview, FL 32539**

Email certificates to: rlucas@myokaloosa.com

When emailing, please put the company name which shows on the certificate in the 'subject' line of the email.

Fax certificates to: (850) 689-5088