



DEPARTMENT OF FINANCIAL SERVICES
Division of State Fire Marshal

CERTIFICATION OF INSURANCE
FIRE PROTECTION SYSTEM CONTRACTOR

Pursuant to Section 633.521, Florida Statutes, a fire protection system contractor must maintain continuous insurance coverage as a prerequisite for doing business in the State of Florida. As a person lawfully authorized to sell insurance in the State of Florida for an insurance company which is lawfully engaged to provide insurance coverage in Florida, I hereby certify that the below named contractor licensed under Chapter 633, Florida Statutes, is presently insured for comprehensive general liability for bodily injury and property damages, products liability, completed operations and contractual liability for an amount as indicated below. I further state that this policy insures for the liability for all employees of the fire protection system contractor while engaged in activities pursuant to their employment. Failure to maintain insurance coverage as required by law results in the automatic suspension of the fire protection system contractor. Continuation of activities regulated under Chapter 633, Florida Statutes, without insurance coverage or with a suspended license shall result in administrative action pursuant to Section 633.547, Florida Statutes, or criminal penalties pursuant to Section 633.171, Florida Statutes.

An insurer, which provides such coverage, shall notify within 30 days the State Fire Marshal of any material change in coverage or any termination, cancellation, or nonrenewal of such coverage. An insurer which fails to so notify the State Fire Marshal's office shall be subject to the penalties provided under Section 624.4211, Florida Statutes.

Name of Fire Protection Contractor: _____

Licensed Address: _____
Number Street

City State Zip Code

Table with 4 columns: Check Type, Type License Held, Amount of Insurance, and currency symbol. Rows include Fire Protection System Contractor I through V with associated insurance amount requirements.

Policy Number: _____ Date Issued: _____ Date Expired: _____

Name of Insurance Company Telephone Number of Insurance Agency

Address of Insurance Company

Name of Insurance Agent Florida License Number of Insurance Agent

I understand that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duties is guilty of a misdemeanor of the second degree, pursuant to Section 837.06, Florida Statutes.

Signature of Insurance Agent: _____

Print Name: _____ Date: _____