



**DEPARTMENT OF FINANCIAL SERVICES**  
***Division of State Fire Marshal***

**CERTIFICATION OF INSURANCE**  
**FIRE EQUIPMENT DEALER**

Pursuant to Section 633.061, Florida Statutes, a fire equipment dealer 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 fire equipment dealer 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 equipment dealer 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 equipment dealer. 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 633.162, Florida Statutes, or criminal penalties pursuant to Section 633.171, Florida Statutes.

An insurer, which provides such coverage, shall notify 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 Equipment Dealer: \_\_\_\_\_

Licensed Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**A separate certificate of insurance is required for each license held.**

Check Type	Type License Held	Amount of Insurance
<input type="checkbox"/>	Class A Fire Equipment Dealer	\$
<input type="checkbox"/>	Class B Fire Equipment Dealer	\$
<input type="checkbox"/>	Class C Fire Equipment Dealer	\$
<input type="checkbox"/>	Class D Fire Equipment Dealer	\$

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: \_\_\_\_\_