

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** and **additional insured** 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 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. Ten (10) day cancellation notice.
- k. Statement showing Okaloosa County Department of Growth Management as an **additional insured**.
- l. Signed by an agent.
- m. Valid Binders must be replaced with an original Certificate within thirty (30) days.

Workers Compensation Insurance Certificates are to contain the following information as prescribed by Florida Statutes 440.103, 440.41, 440.42, and 489.144:

- a. A thirty (30) day cancellation notice.
- b. Statement that coverage is provided pursuant to Florida Workers' Compensation Laws: "This certificate meets the minimum premium policy".
- c. Date that the Certificate was issued.
- d. Effective date of policy.
- e. Expiration date of policy.
- f. The name of insured, the insurance company.
- g. Signed by an agent.
- h. Okaloosa County Department of Growth Management listed as certificate holder.

If your insurance company is located in another state they must register with the Worker's Compensation Bureau of Compliance Department @ 1-800-342-1741 to be able to write policies within the state of Florida.

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

1804 Lewis Turner Blvd, Ste 200
Fort Walton Beach, FL 32547
Rene'e Lucas (850) 651-7526
rlucas@co.okaloosa.fl.us
FAX (850) 651-7184

812 E. James Lee Blvd
Crestview, FL 32536
Sherry Reed (850) 689-7917
sreed@co.okaloosa.fl.us
Sheila Roberts (850) 689-7109
sroberts@co.okaloosa.fl.us
FAX (850) 689-5088