



Leon County Department of Development Support and Environmental Management

435 N. Macomb Street, 2nd floor

Tallahassee, Florida 32301

Phone: (850) 606-1300

Fax: (850) 606-1301

AFFIDAVIT OF LIABILITY INSURANCE COVERAGE

I, [_____], with license number [_____], certify that
contractor's name license number

I currently have adequate public liability insurance and property damage insurance coverage as required by Florida Statutes § 489.115(5). **A Certificate showing proof of adequate public liability insurance and property damage insurance is attached to this Affidavit.**

I further certify that I will maintain adequate public liability insurance and property damage insurance coverage for the entire duration of my active registration with Leon County. I agree to notify Leon County immediately should any required insurance coverages lapse.

I understand that Leon County may perform periodic audits during the duration of my registration and I agree to provide Leon County a Certificate showing proof of insurance upon Leon County's request. I understand that Leon County may deny issuance of, or may suspend, any outstanding building permits should I fail or refuse to provide proof of public liability insurance and property damage insurance coverage as required by Florida Statutes § 489.115(5).

Contractor's Name: _____

Address: _____

Telephone: (Home) _____ (Office) _____ (Mobile) _____

Email Address: _____

Other Licenses you possess: _____

Contractor Signature _____

State of _____

County of _____

The foregoing instrument was sworn to, subscribed and acknowledged before me this ____ day of _____, 20__, by _____, who is () personally known to me or () produced _____ as identification.

Notary Public, State of _____

My Commission Expires _____