



**OKALOOSA COUNTY  
DEPARTMENT OF GROWTH MANAGEMENT**

**INSURANCE CERTIFICATE GUIDELINES**

**Certificate Holder: Okaloosa County Dept. of Growth Mgmt.  
812 E. James Lee Blvd.  
Crestview, FL 32539**

**GENERAL LIABILITY COVERAGE REQUIREMENTS**

- **All Construction Trades:** \$300,000 single limit coverage (minimum);
- **All Electrical & Alarm Trades:** (Includes complete operations & products) \$100,000 per person, \$300,000 per occurrence, \$500,000 property damage; OR a minimum combined single limit policy of \$800,000;

**Required information for ALL General Liability certificates per Florida Administrative Code: 61G4-15.003(2)(c) & Okaloosa County Code of Ordinances Sec. 6-316 & Sec. 6-245:**

- Date certificate was issued
- Name & Signature of Insurance Agent
- Name of Insured **exactly** as it appears on state license, Articles of Incorporation or Fictitious Name
- Name of Insurance Agency
- Policy number MUST appear along with Effective & Expiration dates of policy
- Proper aggregate amount of public liability & property damage is defined
- Cancellation notice with minimum of ten (10) days
- Valid Binder MUST replace 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 Operations** section of the certificate.

**Required information for ALL Workers Compensation certificates per Florida Statutes Chapter 440**

- Date certificate was issued
- Name & Signature of Insurance Agent
- Name of Insured **exactly** as it appears on state license, Articles of Incorporation or Fictitious Name
- Name of Insurance Agency
- Statement that coverage is provided pursuant to Florida Workers' Compensation Law. **"This certificate meets the minimum premium policy"**
- Policy number MUST appear along with Effective & Expiration dates of policy
- Cancellation notice with minimum of thirty (30) days
- Valid Binder MUST replace with an original certificate within thirty (30) days

**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.**

**EMAIL CERTIFICATES TO: [rlucas@myokaloosa.com](mailto:rlucas@myokaloosa.com) AND [mhooper@myokaloosa.com](mailto:mhooper@myokaloosa.com)**

**\*\*When emailing, please include company (insured) name, as it appears on the certificate, in the 'subject' line of the email\*\***