

Escambia County Contractor Competency Board

3363 West Park Place
Pensacola, Florida 32505
Telephone No.: (850) 595-3550
Facsimile No.: (850) 595-3401

Notice To Licensed Contractors Concerning Liability and Workers' Compensation Insurance Requirements

In an effort to improve customer service to our licensed contractors, Escambia County is offering an opportunity for you to attest you will maintain active Liability and Florida Workers' Compensation Insurance and/or exemption at all times. This new process will expedite permitting and eliminate the need for a hold on the issuance of permits due to insurance dates not being current in our system.

By signing, notarizing and returning the original Verification Form, Escambia County will activate a process whereby the computer will not place a hold on your permitting privileges due to insurance expiration dates.

The Affidavit requires the Contractor to attest the insurances will be current at all times and, upon request by the Competency Board, proof of such insurance shall be provided during the coverage dates requested. Routine yearly audits will be conducted and failure to provide such information could result in disciplinary action against your license, as identified by Florida Statutes 489.

In order to activate this process, please sign the Verification Form in the presence of a Notary; pay the \$25.00 fee (per license), made payable to "Escambia County Building Inspection Division," and return the original form and payment to the Escambia County Competency Board, 3363 West Park Place, Pensacola, Florida 32505.

If you have any questions, please contact the Contractor Licensing & Investigations Section, at (850) 595-3509.

PROOF OF INSURANCE

AFFIDAVIT

**VERIFICATION OF GENERAL LIABILITY AND
FLORIDA WORKERS' COMPENSATION INSURANCE**

FEE: \$25.00

I HEREBY AFFIRM THAT I HAVE OBTAINED PUBLIC LIABILITY AND PROPERTY DAMAGE INSURANCE IN THE AMOUNTS DETERMINED BY RULE OF THE CONSTRUCTION INDUSTRY LICENSING BOARD AND WORKERS' COMPENSATION INSURANCE (UNLESS EXEMPTION HAS BEEN FILED WITH AND APPROVED BY THE BUREAU OF WORKERS' COMPENSATION COMPLIANCE), for the safety and welfare of the public. I understand that if my license number is selected for audit, I will be required to submit proof, at that time, in the form of an original Certificate of Insurance, or original Workers' Compensation exemption card, that I have met all the insurance requirements. I understand it is my responsibility to maintain all documents supporting this affirmation of eligibility. I affirm that these statements are true and correct and I recognize that providing false information may result in a **FINE, SUSPENSION OR REVOCATION** of my contractor's license.

Printed Name of Contractor

Contractor Signature

Date

License Number

Minimum amounts required for General and Building Liability Insurance: \$300,000 Bodily Injury; \$50,000 Property Damage. All other categories \$100,000 Bodily Injury; \$25,000 Property Damage.

NOTE: If the Board requests proof of insurance and/or proof of Workers' Compensation Exemption, Application for Insurance, Binders or Automobile Insurance **will not be accepted.** The policy number must be shown, the **Escambia County Contractor Competency Board** must be shown as the Certificate Holder, and the Certificate must contain a 30-day cancellation notice to the Certificate Holder.

STATE OF FLORIDA
COUNTY OF ESCAMBIA

SWORN TO and subscribed before me this _____ day of _____,
20_____.

NOTARY PUBLIC – STATE OF FLORIDA

(SEAL)