



Florida Department of Environmental Protection

CERTIFICATION OF INSURANCE FORM

Required Signatures: **Adobe Signature**

PROOF OF INSURANCE PROVIDED

Grantee: _____

Project Title: _____

Project Number: _____

I _____ REPRESENTATIVE FOR (city/county district) _____
HEREBY CERTIFY THAT I HAVE ATTACHED PROOF OF GENERAL LIABILITY INSURANCE THAT
IS CURRENT, IN GOOD STANDING AND SHALL REMAIN IN EFFECT THROUGH THE DURATION
OF THIS LAND AND WATER CONSERVATION FUND (LWCF) PROGRAM GRANT PERIOD.

Signature: _____ Date: _____

- OR -

SELF-CERTIFIED ACKNOWLEDGEMENT

Grantee: _____

Project Title: _____

Project Number: _____

I _____ REPRESENTATIVE FOR (city/county district) _____
HEREBY CERTIFY THAT THE (city/county district) _____ IS SELF
INSURED AND THIS COVERAGE SHALL LAST THROUGH THE DURATION OF THIS LAND AND
WATER CONSERVATION FUND (LWCF) PROGRAM GRANT PERIOD.

Signature: _____ Date: _____