



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 FLORIDA RECREATION DEVELOPMENT ASSISTANCE (FRDAP) 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 FLORIDA  
RECREATION DEVELOPMENT ASSISTANCE (FRDAP) GRANT PERIOD.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_