

From the desk of
David Kennedy, Program Coordinator
Hillsborough County Contractor Licensing
601 E. Kennedy Blvd., 19th Floor
P.O. Box 1110
Tampa, Florida 33601

Ph: (813) 635-7312 Fax: 635-7367
e-mail: kennedyd@hillsboroughcounty.org
Member of Construction Licensing Officials of Florida, Inc.



MEMORANDUM

SUBJ: **WORKERS' COMPENSATION &
LIABILITY INSURANCE CERTIFICATES**
Information Required for Processing above certificates of insurance

- Producer:** upper left corner of Accord 25 form must include the Insurance agency's:

Name
Address
Phone number
Fax number (optional)
- Certificate Holder:** lower left corner of Accord 25 form must read:

Hillsborough County Contractor Licensing
601 E. Kennedy Boulevard, 19th Floor
P.O. Box 1110
Tampa, Florida 33601
- Contractor's Name** (not company name) **and license number** must be shown in the **"Description of Operations"** box above the "Certificate Holder" box.
- Out of State Companies:** the following must be stated in the description box:

"Covers all employees in the State of Florida"