



Insurance Certificate Information

1. **Producer:** upper left corner of Accord 25 form must include the

Insurance agency information:

Name
Address
Phone number

2. **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

Must include BOTH the physical address & the P.O. Box # as shown.

3. **Contractor's Name** (not company name) and **license number** must be shown in the "Description of Operations" box above the "Certificate Holder" box.

4. **Out of State Companies:** the following must be stated in the description box:

"Covers all employees in the State of Florida"