

**CERTIFICATE OF INSURANCE**

**To Be Completed by Licensed Insurance Agent**

**To:** Charlotte County Tax Collector

This is to certify that the following insurance policy is now in force, with a Loss Payable Clause to Charlotte County Tax Collector.

**INSURED:** \_\_\_\_\_

**PROPERTY ADDRESS:** \_\_\_\_\_

**LEGAL DESCRIPTION:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Insurance Company:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

**Effective Date:** \_\_\_\_\_ **For A Term of:** \_\_\_\_\_

**Amount of Coverage:** \_\_\_\_\_

**Perils:**

1. \_\_\_\_\_ **Fire, Extended Coverage**
2. \_\_\_\_\_
3. \_\_\_\_\_

**Mortgage:** \_\_\_\_\_

**Agency:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Insurance Company Licensed Agent**

\_\_\_\_\_  
**Date**