

ILLINOIS DEPARTMENT OF PUBLIC HEALTH

Division of Environmental Health

525 West Jefferson Street

Springfield, Illinois 62761

Telephone: 217-782-5830

FAX: 217-785-0253

e-mail: DPH.PestControl@illinois.gov

CHECKLIST FOR COMPLETING INSURANCE CERTIFICATES

1. List name and licensed location address of insured. Mailing address is not acceptable. Show i.d. number if available.
2. List amount of coverage. Minimum requirements include:
\$100,000 Bodily Injury per Person or \$300,000 Bodily Injury per occurrence
and in addition, \$50,000 occurrence property damage
or
\$350,000 Combined Single Limit (Bodily Injury/Property Damage Per
Occurrence).
3. List Policy Number (Binders are not acceptable), Effective Date and
Expiration Date of policy.
4. Mark Type of Coverage (General Liability, Manufacturer's or Contractor's or
Other). If other, Specify type, such as Errors and Omissions Coverage.
5. List full name of Illinois authorized insurance company or registered risk
retention/purchasing group.
6. List policy exclusions in space provided or attach to the certificate. If there
are no exclusions list "none".
7. List name, address, telephone number, Fax number and e-mail of insurance
agency.
8. Certificate must be signed by authorized insurance representative and dated.
9. Illinois Department of Public Health must be listed as certificate holder.
10. Certificate must be typed – **NOT** handwritten.
11. Send, Fax or e-mail signed certificate to the Department.