**Florida Department of Education**

**Educator Professional Liability Insurance**

**Certification of Notification**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name), Superintendent of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby certify to the Florida Department of Education that the postcard advising full-time instructional personnel of the automatic educator professional liability insurance coverage was provided to all eligible personnel via \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (method, e.g., United States Postal Service mail, email) on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Date)

Note: Please return this certification by September 15, 2024,to Sean Freeman at [Sean.Freeman@fldoe.org](mailto:Sean.Freeman@fldoe.org).