

Proof of Insurance Liability for Certificate Holder:

West Virginia Department of Agriculture
Pesticide Regulatory Programs
1900 Kanawha Blvd., East
Charleston, WV 25305-0190
Phone: 304.558.2209 Fax: 304.558.2228

This is to certify that:
NAME OF INSURANCE COMPANY

ADDRESS

CITY

STATE

ZIP CODE

The entity above is authorized to do business in the state of West Virginia and has issued an insurance policy, which is in accordance with the insurance laws of the state of West Virginia:

POLICY NUMBER

EFFECTIVE DATE

EXPIRATION DATE

TO: BUSINESS NAME

ADDRESS

CITY

STATE

ZIP CODE

The company above meets the liability requirements for the insured to obtain a Pesticide Business License under the West Virginia Pesticide Control Act of 1990, which states: every pesticide business shall have in force a comprehensive general liability policy covering liability arising from the application of pesticides in each of the pesticide use categories in which the commercial applicators employed by the business are licensed. The policy shall be in force for the entire term of the pesticide business license, shall provide coverage for each registered location (complete addresses listed) associated with the pesticide business and shall be issued by a company permitted to do business in West Virginia. The policy shall provide coverage for bodily injury or death and property damage. The policy shall also provide workers' compensation and employers' liability coverage if applicable.

The policy shall contain the following minimum limits of insurance: \$300,000.00 bodily injury or death and \$100,000.00 property damage.

This policy covers liability arising from the application of pesticide applications and a clause which states in the same or similar language: "In the event of cancellation for non-payment, the insurer agrees to advise the West Virginia Department of Agriculture, Pesticide Regulatory Programs, 1900 Kanawha Blvd., East, Charleston, WV 25305-0190 by written notice ten days prior to the effective date of cancellation. If the policy is for any reason cancelled, not renewed, or there is a material change, the insurer agrees to give the West Virginia Department of Agriculture thirty days written notice."

Name of Insurance Company issuing the policy

Insurance Company's mailing address

Name of authorized Insurance Company representative

Signature of licensed agent with company seal or stamp

For acceptance by the West Virginia Department of Agriculture, this form must be properly completed, signed, and validated by the issuing Insurance Company.