

**ARKANSAS STATE PLANT BOARD – PESTICIDE DIVISION  
CERTIFICATE OF LIABILITY INSURANCE**

This is to certify that an insurance policy, which is in accordance with the insurance laws of the State of Arkansas, has been issued to:

Name _____	Address _____
City _____	State _____ Zip _____

Policy/Form Number _____	Effective Date _____	Expiration Date _____
This policy includes pesticide application coverage.		

<b><u>LIMITS OF LIABILITY</u></b> (Applicable to pesticide coverage)	
Pesticide Application Coverage \$ _____	Deductible _____
Does this policy cover the applications of 2,4-D containing compound? Yes <input type="checkbox"/> No <input type="checkbox"/>	
List any pesticides applications not covered by this policy: _____ _____	

Application Equipment Covered: Kind (Ground/Aircraft)	Model	“N” or other Identification Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
(List additional equipment on separate sheet and attach)		
List approved pilots _____		

By signature below the named insurance company attests that it is authorized to do business in the state of Arkansas and that the policy identified meets the liability requirements as specified by ACA 20-20-209 (d) and the regulations promulgated pursuant thereto. The company attests that the liability policy identified includes coverage for pesticide damages to persons, animals and lands (including crops or other plants) that occur during application operations, which includes transport to and from the site or sites of deposition and the site or sites where deposition is made. This includes but is not limited to incidents such as damage caused by 1) leaking nozzles during transport from the mixing loading site to the site of application, 2) off target deposition of the pesticide, 3) application to non-target areas, and 4) applications made inconsistent with the product label or state regulations.

Insurance Company _____	NAIC# _____	Date _____
Company Representative/Binder Authority Signature _____		

Name of Insurance Agency _____	
Name of Agent _____	Signature _____
Date _____	Phone Number (____) _____