

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 Number _____ Effective Date _____ Expiration Date _____
This policy Includes pesticide application coverage.

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

Application Equipment Covered: Kind(Ground /Aircraft)	Model	"N" or other Identification Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(List additional equipment separate sheet and attach)
List approved pilots _____

The insurance company listed below is authorized to do business in the state of Arkansas. The policy identified meets the liability requirements as specified by ACA 20-20-209 (d) and the regulations promulgated pursuant thereto.

The State Plant Board shall be notified ten (10) days prior to any cancellation or change in liability.

Insurance Company _____ Address _____
City _____ State _____ Zip _____
Company Representative _____ Date _____

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

Return this form to the Arkansas State Plant Board, P.O. Box 1069, Little Rock, AR 72203.