



ARKANSAS DEPARTMENT OF AGRICULTURE

PROOF OF FINANCIAL RESPONSIBILITY CERTIFICATE USING INSURANCE

Note: Fields indicated with * are required and must be filled out or the form is considered incomplete!

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:

* Firm Legal Name: _____

* Address: _____ * City: _____

* State: _____ * Zip Code: _____ * County: _____

* Insurance Company Name: _____ * NAIC Number: _____

* Policy/Form Number: _____ * Effective Date: _____ * Expiration Date: _____

This policy includes pesticide application coverage.

LIMITS OF LIABILITY (Applicable to pesticide coverage):

* Pesticide Application Coverage: _____ * Deductible: _____
(Minimum \$100,000) (Maximum \$5,000)

* Does this policy cover the applications of 2,4-D containing compound? YES NO

List any pesticides not covered by this policy:

* Application Equipment Covered:

To list additional equipment, use enclosed add equipment list and check this box .

Ground, Air-Fixed, Air-Rotary, Air-Drone	Year Ex: (1990)	Make and Model Ex: (Air Tractor 802A)	ID# for Ground or N# for Aircraft Ex: (# 10 or N111)

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***List approved applicators:**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

By signature below the named Commercial Applicator attests that the policy identified meets the liability requirements as specified by ACA 20-20-209 (d) and the rules promulgated pursuant thereto.

Applicant's

***Signature:** _____ ***Date:** _____
(Person Applying Only)

Mail this form to: **Arkansas Department of Agriculture**
Plant Industries Division, Pesticide Section
1 Natural Resources Drive, Little Rock, AR 72205

or Email to: pesticide.commercial@agriculture.arkansas.gov

