



Nevada Pest Control Certificate of Insurance / Pest Control Plant Health & Compliance

"AERIAL APPLICATION"

(Proof of Public Liability and Property Damage and Drift Coverage)

THIS FORM MUST BE SUBMITTED TO THE NEVADA DEPARTMENT OF AGRICULTURE

This is to certify to _____ Policy No. _____ (herein called Company) Underwriter Company _____ of _____ has _____ dba _____ issued to _____ Name of insured _____ Doing business as _____

the policy of insurance for Public Liability and Property Damage which covers each occurrence of damage to persons or to property, including that being treated, from chemicals, chemical drift and equipment used in the operations of the business.

Coverage provided by said policy is for \$ _____ each occurrence bodily injury, \$ _____ aggregate bodily injury, \$ _____ each occurrence property damage, \$ _____ aggregate property damage, with deductible in the amount of \$ _____

This policy covers any pilot holding (1) a valid commercial license and having (2) _____ hours logged flying time of which not less than _____ hours logged are in Agricultural Aircraft.

This policy covers any pilot employed by the insured. [] Yes [] No This Policy covers only those pilots listed below. [] Yes [] No

Names of pilots(s):

- 1. _____ 2. _____ 3. _____ 4. _____

Table with 6 columns: Aircraft make, "N" No., *Type of coverage, Aircraft make, "N" No., *Type of coverage

*X.C.-- Excludes chemical claims entirely. *R.C.-- Means coverage for chemicals and liquid defoliant or liquid plant desiccant chemical damage claims but excludes coverage for all forms of 2,4-D, 2,4,5-T, MCPA, hormone type herbicides and arsenical compounds. List other exceptions: _____ *C.C.-- Means coverage from all chemical claims for damage except for (e.g. Arsenicals, Tordon): _____

It is agreed that the Company will file with the Department of Agriculture within ten (10) days, copies of any and all endorsements extending, restricting, canceling, or changing the aforementioned coverage and any claims paid against this policy. Whenever requested by the Department of Agriculture the Company agrees to furnish to the Department of Agriculture a copy of said policy and all endorsements thereon.

This Certificate is effective from: _____, 20____ (12:01 A.M. Standard Time), to _____, 20____ (12:01 A.M. Standard Time).

I certify that I am a representative for _____ insurance company, located in the State of _____ and that I have binding authority to effectuate the indicated coverage in Nevada.

By _____ Signature _____ Date _____ Name and title (print or type) _____ Company _____ Mailing address _____ Telephone _____ Fax No. _____ City _____ State _____ Zip code _____

MAIL ORIGINAL COPY TO: Nevada Department of Agriculture 405 South 21st Street, Sparks, NV 89431 Phone: 775-353-3712 / Fax: 775-353-3713 / e-mail: PCO@agri.nv.gov

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405 South 21st St. Sparks, NV 89431

2300 East St. Louis Ave. Las Vegas, NV 89104

4780 East Idaho St. Elko, NV 89801