"AERIAL APPLICATION"
(Proof of Public Liability and Property Damage and Drift Coverage)
THIS FORM MUST BE SUBMITTED TO THE NEVADA DEPARTMENT OF AGRICULTURE

Policy No. ____________________

This is to certify to _____________________________________________________ (herein called Company)

of ________________________________________________________________

Home address of Company

issued to __________________________________________   dba   _________________________________________

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. ____________________________________________________ 3. ____________________________________________

2. ____________________________________________________ 4.  ______________________________________________

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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