"GROUND 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 that ________________________________________ (here in called Company)

of ________________________________________ 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, including any inspection of structures for evidence of, and/or conditions conducive to, wood-destroying
pest infestations for operations conducting such inspections.

Is coverage being provided for the above requirements?  □ Yes,  □ No.  If No this policy will be rejected.

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 $__________________ .

List exclusions from pesticide application coverage: __________________________________________

NOTE: If a POLLUTION EXCLUSION is listed, does pollution include CHEMICAL DRIFT DAMAGE to
property other than the specific property, to which the chemical is being applied?  □ Yes,  □ No
If "Yes", this policy CANNOT be accepted by the Nevada Department of Agriculture.

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 ______________________ 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 No.                                                       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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