

**NEVADA CERTIFICATE OF INSURANCE, "AERIAL APPLICATION"**

Proof of Public Liability, Property Damage and Drift Coverage

Policy No. _____

This is to certify to _____ (herein called Company)

Underwriter Company

of _____ has issued to

Home address of Company

_____ 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,

\$100,000 minimum

\$ _____ aggregate bodily injury, \$ _____ each occurrence property damage,

\$300,000 minimum

\$100,000 minimum

\$ _____ aggregate property damage, with deductible in the amount of \$ _____

\$100,000 minimum

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 CodeMAIL ORIGINAL COPY TO: Nevada Department of Agriculture 405 S. 21st St., Sparks, NV. 89431.

Phone: 775-353-3712 / Fax: 775-353-3713 / e-mail: mhossay@agri.nv.gov

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