

ARKANSAS DEPARTMENT OF AGRICULTURE
PLANT INDUSTRIES DIVISION, PESTICIDE SECTION
PROOF OF FINANCIAL RESPONSIBILITY CERTIFICATE USING INSURANCE

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 Name _____ Address _____

City _____ State _____ Zip _____

Insurance Company Name _____

Policy/Form Number _____ Effective Date _____ Expiration Date ____-____

This policy includes pesticide application coverage.

NAIC# _____

LIMITS OF LIABILITY (Applicable to pesticide coverage)

Pesticide Application Coverage \$ _____ Deductible _____

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:
Type (Ground/Aircraft)

Model

“N” or other
Identification Number

Application Equipment Covered: Type (Ground/Aircraft)	Model	“N” or other Identification Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(List additional equipment on separate sheet and attach)

List approved pilots _____

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 regulations promulgated pursuant thereto.

Original Signature _____ Date _____

Return this form to: Arkansas Department of Agriculture,
Plant Industries Division, Pesticide Section,
P.O. Box 1069, Little Rock, AR 72203