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| **CERTIFICATE OF INSURANCE ON STORED GRAIN**Rev. 2023-01**GW-4**IN PUBLIC GRAIN WAREHOUSES LICENSED IN THE **STATE OF ARKANSAS**  |
| Insurance company issuing coverage: |  |
| Complete Address: |  |
| PH: |  | FAX: |  |
| This is to certify that an insurance policy, as indicated below by policy number, written on forms in current use by the company, has been issued on grain against loss by fire, lightening, inherent explosion, windstorm, cyclone, tornado, and such other perils as may be required by Law. |
| Name of Insured: |  |
| Location: |  |
| This certificate is furnished as a matter of information only and confers no rights upon the holder. It is issued with the understanding that the rights and liabilities of the parties will be governed by the original policy as it may be lawfully amended by endorsement from time to time. Insurance is afforded only with respect to such and so many of the following policies and coverages whereunder are as indicated by a limit of liability applicable thereto. The limit of the company’s liability under each coverage shall not exceed the amount stated therein subject to all terms of the policy having reference thereto. |
| **GRAIN INSURANCE**POLICY NUMBER | **EFFECTIVE****DATE** | **EXPIRATION****DATE** | **LIMIT OF****LIABILITY** |
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| Location covered by this certificate: |  |
| No insurance policy shall be canceled by the insurance company on less than thirty days notice by certified mail to the director and the principle, except if such policy is being replaced with another policy and evidence on the new policy is filed with the director at the time of cancellation of the policy on file. The notice shall contain the termination date and shall be mailed to the **Plant Industries Division, ATTN: Grain Warehouse Section, 1 Natural Resources Dr., Little Rock, AR 72205**, Ph: 501-225-1598. |
|  **TO BE COMPLETED BY LICENSED AGENT INSURING COVERAGE** |
| Issued by: |  |  |
|  | (Agent’s Signature) |  |
|  | **,** |  |
| (Company) |  | (Complete Address) |
| **Phone:** |  | **Fax:** |  |
| **Email:** |  |
| **A SEPARATE CERTIFICATE IS REQUIRED FOR EACH LICENSED LOCATION** |