



PLANT INDUSTRIES
DIVISION

LIABILITY INSURANCE INFORMATION
AS REQUIRED FOR LICENSURE
COMMERCIAL PEST CONTROL SECTION
 ARKANSAS DEPARTMENT OF AGRICULTURE
 1 NATURAL RESOURCES DR.
 Little Rock, AR 72205

Date:

Producer: _____ FAX: _____	INSURERS AFFORDING COVERAGE _____ NAIC # _____
INSURED: _____	INSURER A _____ INSURER B _____ INSURED C _____ INSURER D _____ INSURER E _____

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
		GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS MADE GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOCATION				EACH OCCURRENCE DAMAGE TO RENTED PREMISES -EA OCCURRENCE MED. EXP. (ANY ONE PERSON) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS-COMP/OP AGG

CERTIFICATE HOLDER

CANCELLATION

	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, IT'S AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE _____
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