



Mississippi Department of Agriculture & Commerce

Bureau of Plant Industry

P.O. Box 5207, Mississippi State, MS 39762

CERTIFICATE OF INSURANCE

This form is to be completed by an insurance provider. Please email completed form to agaviation@mdac.ms.gov

DESCRIPTIVE SCHEDULE

Date: _____

Name of Insured: _____

Effective Date: _____

Expiration Date: _____

Aircraft(s) Covered: _____

PROPERTY DAMAGE LIABILITY – LIMITS

Chemical Coverage – includes all agricultural substances applied by air:

Bodily Injury including Comprehensive Chemical Limits - \$100,000 each person / \$300,000 each occurrence

Property Damage including Comprehensive Chemical Limits - \$100,000 each occurrence

MS Special Limit - \$500,000 Property Damage Aggregate includes crops treated and adjacent fields coverage

Chemical Deductible: _____

Insured by: _____

Through agency: _____

Remarks:

Approved pilot(s): _____

Additional comments: _____

This certificate of insurance is a summary of coverage provided by the insurance policy number _____ .

This coverage complies with Subpart 3 – Bureau of Plant Industry, Chapter 10 – Crop Spraying and Licensing of Aerial Applicators, Subchapter 01 – Regulation of Application by Aircraft of Agricultural Substances, Part 105.02 Financial Responsibility. If this policy is canceled, or changed during the periods of coverage as stated herein, the insurance company shall give at least (10) days written notice by certified mail to the Mississippi Department of Agriculture and Commerce, Bureau of Plant Industry. If the financial responsibility lapses, expires, or otherwise ceases to comply, the license of that applicator is suspended automatically.

Signature of Agent: _____