

CERTIFICATE OF INSURANCE

This form must be completed by the insurer and the initial certificate forwarded to the Bureau of Plant Industry, P. O. Box 5207, Mississippi State, MS 39762. Proof of renewals must be sent to the insured and Bureau of Plant Industry. The insurer will mail to the Bureau of Plant Industry a record of any material change, including a reduction in coverage below \$200,000.00 or cancellation of the aforementioned policy or policies, at least 30 days prior to such change or cancellation.

COMPANY NAME OF INSURED: _____

NAME OF LICENSEE: _____

NAME OF INSURER: _____

ADDRESS OF INSURER: _____

POLICY NUMBER: _____

EFFECTIVE DATE: _____ EXPIRATION DATE: _____

POLICY TYPE: () OCCURRENCE OR () CLAIMS MADE

Does this policy provide coverage for pesticide application? () YES OR () NO

List any categories of pest control work or any pesticides excluded in this coverage:

COMPLETE THE FOLLOWING TWO QUESTIONS FOR THOSE LICENSED TO CONTROL TERMITES AND OTHER STRUCTURAL PESTS:

1. Does this insurance cover errors and omissions associated with inspections to issue the Mississippi Official Wood Destroying Insect Report? YES () OR NO ()
2. Does this policy cover damages caused by structural pests while under contract? YES () OR NO ()

The insurer hereby states that it has issued to the aforementioned insured a policy or policies of insurance providing the types of insurance and limits of liability set forth herein. (Section 69-19-9 Mississippi Code 1972). This certificate of insurance neither affirmatively nor negatively amends, extends, or alters the coverage afforded by the policies scheduled herein. It is furnished for information only, confers no rights on the holder and is issued with the understanding that the rights and liabilities of the parties will be governed by the original policies as they may be lawfully amended from time to time.

By signing this, I affirm, this insurance shall be conditioned as to insure against negligent or careless acts. This insurance shall not be less than \$100,000.00 per occurrence, with a minimum annual aggregate of \$200,000.00 for all occurrences. No insurance shall be accepted except from companies admitted or approved to do business in Mississippi. This \$200,000.00 minimum coverage shall include coverage for pollution and contamination, property damage, personal injury and errors and omissions.

DATE: _____

BY: _____
Signature of Authorized Representative for Insurer

LEGIBLE NAME OF AUTHORIZED REPRESENTATIVE _____

ADDRESS: _____

INSURANCE AGENT LICENSE NUMBER: _____

INSURED'S SIGNATURE: _____