

**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. Do not send proof of renewals to Bureau, unless requested. 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 per occurrence, with a minimum annual aggregate of \$200,000 for all occurrences. No insurance shall be accepted except from companies admitted to do business in Mississippi, companies that are non-admitted but approved to do business in Mississippi, or risk retention and purchasing groups registered by the Commissioner of Insurance of Mississippi. This \$200,000 minimum coverage shall include coverage for pollution and contamination, property damages, personal injury, errors, and omissions.

DATE: \_\_\_\_\_

BY: \_\_\_\_\_  
Signature of Authorized Representative for Insurer

LEGIBLE NAME OF AUTHORIZED REPRESENTATIVE \_\_\_\_\_

ADDRESS: \_\_\_\_\_

INSURANCE AGENT LICENSE NUMBER: \_\_\_\_\_

INSURED'S SIGNATURE: \_\_\_\_\_