CERTIFICATE OF INSURANCE AND BOND INSTRUCTION SHEET

Provide this instruction sheet and letter from Bureau of Plant Industry that shows that applicant has passed required exam(s) to Insurance and/or Bond issuers.

The **Certificate of Insurance must have**: (1) Printed or typed name of insurance agent and his/her signature; (2) Address of insurance agent; (3) Insurance agent's license number; (4) Policy number; and (5) Insured's signature.

The **Surety Bond must have**: (1) Printed or typed name of insurance agent and his/her signature; (2) Insurance agency's name and address; (4) Principal's printed or typed name and signature; (5) Principal's address; (6) Policy number; and (7) Surety's signature. A Power-of-Attorney must be attached to the Surety Bond.

On the bond where it states "was granted a license to engage in" **the abbreviation(s) for the category(s) in which the licensee has passed his/her exam(s) must be listed**. Licensee must provide this information to bond issuer. The bond must include all the categories for which coverage is provided. The following table is a list of licensing categories and requirements:

License Categories	Category Description	Bond Requirement	Insurance Requirement
WDI	Wood destroying insect control	✓	✓
UP	Control of pests of utility poles	✓	✓
GRC	General pest and rodent control	✓	✓
MBF	Mosquito and biting fly control	✓	✓
HCP	Horticultural pest control	✓	✓
ORP	Orchard pest control	✓	✓
DAP	Domestic animal pest control	✓	✓
FUM	Fumigation pest control	✓	✓
AGP	Agricultural pest control	✓	✓
AGW	Agricultural weed control	✓	×
AQW	Aquatic weed control	✓	×
ROW	Right-of-way weed control	✓	×
HCW	Horticultural weed control	✓	×
LSH	Landscape horticulturist	✓	×
TS	Tree surgery	×	✓

Proof from insurance and bond issuers that licensee has continued insurance and bond (i.e., paid premiums) should not be sent to the Bureau office, unless requested by the Bureau. The Bureau must be notified by the insurance and bond issuers, only if the insurance and/or bond have been issued by a different company, or if the insurance and/or bond have been cancelled.

For Insect, Rodent and Plant Disease Control categories – The Surety Bond and the Certificate of Insurance must have the **same expiration date**. There are **no exceptions**. The Surety Bond must provide at least $5,000 coverage and the Certificate of Insurance must provide at least $100,000 per occurrence with a minimum annual aggregate of $200,000 for all occurrences. Coverage shall include coverage for pollution and contamination, property damage, personal injury and errors and omissions. **For Wood Destroying Insect Control category** – In addition to the above, the insurance must provide coverage for errors and omissions associated with issuance of the Mississippi Official Wood Destroying Insect Report and damages caused by structural pests while under contract. The company name on the Surety Bond and Certificate of Insurance must be EXACTLY the same, as approved for the licensee by the Bureau of Plant Industry.

For Weed Control categories - The Surety Bond must provide at least $2,500 coverage. Insurance is not required. If applicant has both pest control and weed control categories, applicant is only required to have one bond with at least $5,000 coverage.

For Tree Surgery category - The Insurance shall be conditioned as to insure against negligent or careless acts and shall not be less than $100,000. Surety bond is not required.

For Landscape Horticulturist category - The Surety Bond must provide at least $1,000 coverage. Insurance is not required. A non-bonded license is available for landscape horticulturist, provided licensee provides statement that no work will be performed for a fee in this category.

For more information contact Bureau of Plant Industry at 662-325-3390.

Revised November 2021

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: _____

SURETY BOND

Bond No. _____

KNOW ALL MEN BY THESE PRESENTS:

That we _____, Principal, and
(Name of Business or Company)

_____Surety, are held and firmly bound unto the State of Mississippi, in the sum of $_____, lawful money of the United States of America, for the payment of which, well and truly to be made, we bind ourselves, our heirs, executors, administrators and assigns, jointly and severally, firmly by these presents.

The condition of the foregoing obligation is that _____, Principal, was granted a license to engage in_____ _____, Professional services under the provision of Sections 69-19-1 through 69-19-11, Mississippi Code 1972 as amended.

NOW, if the principal obligor herein shall honestly and faithfully conduct said professional business in accordance with the laws and regulations of this state, and shall faithfully perform all his professional service contracts, this obligation shall be void, otherwise, to remain in full force and effect. The conditions of this bond shall cover professional services rendered from the date hereof until the _____ day of _____, _____.

WITNESS our signatures, this the _____day of _____, _____.

Name of Insurance Agent (Print or Type)	Principal (Print or Type)
Signature of Insurance Agent	Principal (Signature)
Agency's Name	Principal's Address
Agency's Address	Address
City, State, Zip	Surety (Signature) ***Attach Power-of-Attorney**

Revised September 17, 2024