

COMMERCIAL APPLICATOR CERTIFICATE OF EVIDENCE OF LIABILITY INSURANCE

Colorado Department of Agriculture
Division of Plant Industry
Pesticide/Pesticide Applicator Section
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Broomfield, CO 80021
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Please type or print legibly with blue or black ink.

PERSON OR BUSINESS NAME _____

DOING BUSINESS AS _____

MAILING ADDRESS, INCLUDING CITY, STATE AND ZIP:

AS REQUIRED UNDER SECTION 35-10-106 OF THE PESTICIDE APPLICATORS' ACT.
(SEE REVERSE SIDE FOR DETAILS).

POLICY NUMBER _____

INSURANCE COMPANY NAME _____

INSURANCE COMPANY ADDRESS, INCLUDING CITY, STATE AND ZIP:

PHONE:(_____)_____

AMOUNT OF INSURANCE

BODILY INJURY - \$ _____ per person \$ _____ per accident

PROPERTY DAMAGE - \$ _____ per accident

OR

CSL OR AGGREGATE _____

POLICY COVERAGE DATES

Coverage Start Date: _____ Expiration Date: _____

In the event of cancellation of the above described policy, a prior written notice of not less than 10 days shall be given to the Commissioner of Agriculture at the address above.

Agent Signature _____

Printed Agent Name _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____)_____ E-Mail Address: _____

THIS IS A LEGAL DOCUMENT. READ BOTH SIDES.

From The Pesticide Applicators' Act

35-10-106. Commercial applicator - license requirements - application - fees.

(1) As requisites for licensure, the applicant for a commercial applicator business license shall:

- (a) Obtain liability insurance in the minimum amount of four hundred thousand dollars with the provision that such policy shall not be canceled unless written notice is provided to the commissioner at least ten days prior to such cancellation; except that liability insurance policies containing a so-call pollution exclusion" shall satisfy this paragraph (a);

35-10-117. Unlawful Acts.

(4) It is unlawful and a violation of this article for any commercial applicator:

- (a) To operate any device or to apply any pesticide if the insurance required by section 35-10-106 (1) (a) is not in full force and effect at the time of such use or application, or if it does not have on file with the department, in the form and manner designated by the commissioner, verification that said insurance is in full force and effect.