Colorado Department of Agriculture
Division of Plant Industry
Pesticide Applicator Section
305 Interlocken Parkway
Broomfield, Colorado, 80021
Phone: (303) 869-9066
Fax: (303) 466-2860

COMMERCIAL APPLICATOR CERTIFICATE OF EVIDENCE OF LIABILITY INSURANCE

Please type or print legibly with blue or black ink. All field with an * are mandatory and must be filled in.

*Business License Number _____

*Person/Business Name _____

*Doing Business As _____

*Enter Mailing address, City, State and Zip below:

_____

_____

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

*Policy Number _____

*Insurance companyname _____

*Insurance company address, 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;