

Colorado Department of Agriculture
Division of Plant Industry
Pesticide Applicator Section
305 Interlocken Parkway
Broomfield, Colorado, 80021
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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 company name _____

*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 _____ *Expiration _____
Date: _____ 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 _____
S: _____

*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 effectte 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.