IDAHO STATE DEPARTMENT OF AGRICULTURE
PROFESSIONAL APPLICATOR CERTIFICATE OF INSURANCE

The insurance company shall complete this Certificate of Insurance form in its entirety and file it with the Idaho State Department of Agriculture upon the initiation AND renewal of each policy period.

Per Idaho Code § 41-1850(4): This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not alter, amend or extend coverage, terms, exclusions and conditions afforded by the policies referenced herein

1. **Name of Insuring Entity** issuing coverage, and/or underwriters: _____
   a. **Insurance Company Name:** _____
   b. **Agency Address:** _____
   c. **Authorized Agent:** _____

      Phone #: _____ **Fax #:** _____

      Email: _____
2. **Policy Information -** This policy covers the individual or those employees of the insured, who are engaged in pesticide use and application, pursuant to Idaho Code § 22-34:
   a. **Insurance Policy Number:** _____
   b. **Policy Effective Date:** _____ **Policy Expiration Date:** _____
   c. **Name of Company Insured:** _____
      i. **Doing Business As (d.b.a.):** _____
   d. **Address of Insured:** _____

ISDA Minimum Coverage Requirements Professional Applicators obtaining insurance for pesticide applications shall meet or exceed the minimum coverage requirements:

- A minimum Bodily Injury coverage of **$50,000** per person**/$100,000** per occurrence and Property Damage coverage of **$50,000** per occurrence.
- A maximum deductible of **$5000**. (If there is not a deductible for the policy, please mark $0 or N/A)

3. **Pesticide Application Coverage:**
   a. **Limit of Liability Coverage for Bodily Injury:** _____ **Deductible:** _____
   b. **Limit of Liability Coverage for Property Damage:** _____ **Deductible:** _____
   c. **Exclusions to Coverage** (Attach list if necessary): _____

➢ **Cancellation or Insurance Coverage Changes:** The insurance provider is requested to notify the Idaho State Department of Agriculture in writing of any change of coverage or cancellation of policy. *If, at any time, a licensed Professional Applicator fails to maintain financial responsibility, the license shall be automatically suspended, per Idaho code §22-3404(2) (f).*

The above-described insurance policy has been issued by the named insurance company and is in full force and effect. I certify that I have legal authority to sign/act for the insuring entity and that said company is qualified to do business in the state of Idaho.

_____ _____

Signature of Authorized Agent ***Date***

This completed Certificate of Insurance can be submitted by mail, fax or email:
ISDA, AG RESOURCES, PO BOX 7723, BOISE, ID 83707 · FAX (208) 334-3547· EMAIL: Kodi.woods@agri.idaho.gov · PH (208) 332-8600

Revised: August 11, 2015