



CERTIFICATE OF INSURANCE FORM

This verification must be completed and submitted by the insurance agent or representative.

Pest Control Company Name: _____ Address: _____
City: _____ State: _____ Zip Code: _____
Name of Insurance Company: _____ Address: _____
City: _____ State: _____ Zip Code: _____
Insurance Company NAIC Number: _____
Per Occurrence Limit: _____ Aggregate Limit: _____
Policy Number: _____ Effective Date: _____ Expiration Date: _____
Policy Number: _____ Effective Date: _____ Expiration Date: _____
Policy Number: _____ Effective Date: _____ Expiration Date: _____

COVERAGE AND LIMITS OF INSURANCE REQUIRED

Louisiana Law La. R.S. 3:3367(C) requires all Pest Control Operators to obtain and maintain Insurance with minimum coverage limits listed below:

1. Not less than \$250,000, public / general liability coverage, per accident / occurrence for the following:
 - a. all work performed under specific structural pest control license phases.
2. Not less than \$100,000 coverage for property damage;
3. or combined single limits of \$350,000.

Statement of Insurance Agent Representative of Pest Control Operator:

The undersigned is the insurance agent representative of the Pest Control Company named above. The insurance provided to the referenced Pest Control Company by the Insurer(s) listed, covers all types of work performed under specific structural pest control license phases and contain limits of not less than \$100,000 for property damage, not less than \$250,000 for public / general liability per accident / occurrence or combined single limits of \$350,000. This certificate does not affirmatively or negatively amend, extend, or alter the coverage afforded by the referenced policy(s).

Agent Signature: _____ Date: _____

Insurance Agent Name: _____

Insurance Agency Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____