



## BOND REPORTING VERIFICATION FORM

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

Pest Control Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of Bond Company: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Bond Company NAIC Number: \_\_\_\_\_ Bond Number: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

(If the bond is continuous until cancelled, write **continuous** in the blank for Expiration Date.)

### COVERAGE OF BOND

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

1. Not less than \$2,000 surety or fidelity.
2. Provide the Structural Pest Control Commission 10 days written notice prior to cancellation or replacement of the bond.

Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Insurance Agent Name: \_\_\_\_\_

Insurance Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_