



**CERTIFICATE OF LIABILITY INSURANCE
FOR NON-AERIAL APPLICATORS**

This is to certify that we have issued a **business liability** insurance policy to:

KS Pesticide Business Lic. # _____

Policy Number _____ Effective Date _____ Expiration Date _____

Name of Insured Pesticide Business _____

Doing business as name (d/b/a) _____

Mailing Address _____ City _____ State _____ ZIP _____

Location Address _____ City _____ State _____ ZIP _____

The insurance liability coverage herein pertains to the use of pesticides, and is separate from, or in addition to any coverage of business vehicles.

The undersigned hereby certifies that liability insurance issued to the above named pesticide business, fulfills the requirements of K.S.A. 2-2448 as amended and supplemented and affords the following coverage:

(1) Coverage for not less than \$5,000 per occurrence property damage liability for damages to real or personal property that suffer damage as a result of the use of pesticides by the pesticide business or persons working under the supervision of such business. Coverage must be provided to cover "property damage" regardless of the premises, site or location at which or on which the pesticide use or damage occurred. Property damage deductible \$_____.

(2) Coverage for not less than \$25,000 per occurrence bodily injury liability for injuries to persons not employed by the pesticide business, that suffer injury as a result of the use of pesticides by the pesticide business or persons working under the supervision of such business. Coverage must be provided to cover "bodily injury" regardless of the premises, site or location at which or on which the pesticide use or injury occurred. Bodily injury deductible \$_____.

Liability insurance provided in accordance with the above numbered policy is subject to the insurance policy provisions of the company filed with and approved by the Kansas Commissioner of Insurance pursuant to K.S.A. 40-216 except as authorized by K.S.A. 40-246b.

The insurer agrees to provide written notification to the Secretary, Kansas Department of Agriculture, at least 10 days prior to the effective date of any expiration, reduction or cancellation of the liability insurance. Such notification is to be sent to: Kansas Department of Agriculture, Records Center, Business Licensing Section, 109 SW 9th Street, Topeka, KS 66612. Fax 785-296-6418. Ph 785-296-5210

Name of Insurance Company Address City State Zip

Authorized Ins. Representative's Signature Date Telephone Number

Guidelines

Certificate of Liability for Non-Aerial Applicators

These guidelines are provided to help in the preparation and submission of acceptable insurance certificates. If these guidelines are followed, it will result in more expeditious handling of insurance certificate matters in connection with Kansas pesticide applicator business license requirements.

The certificate of liability insurance is supplied to you for your use and convenience in meeting licensing requirements as a non-aerial applicator; however, the certificate of liability insurance does not have to be on this particular form. **No matter what form is used the following is required:**

1. Non-Aerial Applicators

a. The insurance coverage must cover damages caused by any pesticides used by the business as follows:

1. For not less than \$5,000 per occurrence property damage liability for damages to real or personal property, that suffer damage as a result of the use of pesticides by the pesticide business or persons working under the supervision of such business. Coverage must be provided to cover "property damage" regardless of the premises, site or location at which or on which the pesticide use or damage occurred.

2. For not less than \$25,000 per occurrence bodily injury liability for injuries to persons not employed by the pesticide business that suffer injury as a result of the use of pesticides by the pesticide business or persons working under the supervision of such business. Coverage must be provided to cover "bodily injury" regardless of the premises, site or location at which or on which the pesticide use or injury occurred.

b. K.S.A. 2-2438a(n) defines "pesticides" as, "(1) any substance or mixture of substances used to prevent, destroy, control, repel, attract or mitigate any pest and (2) any substance or mixture of substances intended to be used as a plant regulator, defoliant or desiccant."

2. If the insurance policy specifically excludes a particular pesticide or method of application, the business may not use that pesticide or method of application.

3. To be timely processed, the following information must be included on the certificate of insurance:

- ❖ The policy number;
- ❖ The policy's effective date;
- ❖ The policy's expiration date;
- ❖ The signature (handwritten or stamped) of an authorized representative of the insurance company;
- ❖ The insurance company's name, address and telephone number;
- ❖ The insured's complete legal name;
- ❖ The name under which the insured does business (d/b/a); and
- ❖ The insured's Pesticide Business License number.

4. The certificate of liability insurance must be executed by an insurance company authorized to do business in Kansas or by a licensed insurance agent operating under authority of K.S.A. 40-246b.

5. **NOTICE TO INSURANCE COMPANY** - If you do not currently have on file with the Kansas Insurance Department an endorsement permitting you to notify the Secretary, Kansas Department of Agriculture, of the expiration, reduction or cancellation of the insured's policy, please file such endorsement immediately pursuant to K.S.A. 40-216.

The endorsement should read:

In compliance with K.S.A. 2-2448 as amended and supplemented, the company hereby agrees to notify the Secretary, Kansas Department of Agriculture, in writing, of any expiration, reduction or cancellation of this policy at least 10 days prior to the effective date of such expiration, reduction or cancellation.

In order that companies will not be in violation of insurance laws, each company must file with the Insurance Commissioner a copy of the endorsement they put on policies.

6. Return the completed Certificate of Liability Insurance to: KANSAS DEPARTMENT OF AGRICULTURE

Records Center-Business Licensing Section

109 SW 9th St

Topeka, Ks 66612-1281