



**MONTANA DEPARTMENT OF AGRICULTURE
PESTICIDE APPLICATOR
PUBLIC & PROPERTY DAMAGE LIABILITY COVERAGE
FINANCIAL RESPONSIBILITY INSURANCE CERTIFICATE**

POLICY No: _____

This is to certify that _____
(Print Underwriters Representative Name)

Address City State Zip

(hereafter called) of _____
(Company Name)

Company Address City State Zip

has issued to _____
Name of Insured DBA

Address City State Zip

a policy of liability insurance that complies with 80-8-214, MCA and ARM 4.10.101 through 4.10.108.

Coverage provided by this policy is for limits of \$ _____ Public Liability*, \$ _____
Property Damage* with deductible in the amount of \$ _____**.

***Liability Coverage:** Aerial applicators must carry minimum liability insurance of \$50,000. All other applicators must carry minimum liability insurance of \$30,000.

**** Maximum deductible:** None.

Exclusions: (List any chemicals) _____
(If no exclusion write NONE)

This certificate is EFFECTIVE _____, 20____, (12:01 a.m.) through _____, 20____, (12:01 a.m.)
standard time at the address of the named insured.

It is agreed and required by the liability rule that the company will file copies of any and all endorsements with the Department of Agriculture ten days prior to extending, restricting, canceling, or changing the aforementioned coverage.

I certify that I have legal signing authority for _____ and that said company is a direct
representative of the underwriters countersigned at _____ this _____ day of _____, 20____.

By _____

ORIGINAL TO: Montana Department of Agriculture
PO Box 200201, Helena, MT 59620-0201

1st COPY: Retained by Insurance Company

2nd COPY: Provided to Insured Applicator