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

MDA Financial Responsibility Insurance Certificate 01/2022