



**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

1<sup>st</sup> COPY: Retained by Insurance Company

2<sup>nd</sup> COPY: Provided to Insured Applicator