

Company Info:

**Kentucky Department of Agriculture
Division of Pesticides
107 Corporate Drive
Frankfort, KY 40601
(502) 573-0282**

Verification of Insurance

This form must be completed by the company owner/manager and returned to the address noted above along with a copy of the insurance declaration page. This form does not have to be completed by the insurance carrier. One form is required per company provided all license holders are covered.

The amount of the surety bond or liability insurance as provided for in this section shall not be less than one million dollars (\$1,000,000) for public liability. The surety bond or liability insurance shall be maintained at not less than that amount at all times during the license period. The Department may accept a liability insurance policy or surety bond in the proper sum which has a deductible clause in an amount not exceeding \$1,000 for all applicators for the total amount of liability insurance or surety bond required.

Underwriter	Policy Number	Effective Date	Anniversary Date
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This document is furnished as evidence that the company/individual named has complied with the required liability coverage of KRS 217B.130. The issuance of this document does not make the person or organization to whom it is issued an additional insured, nor does it modify in any manner the contract of insurance between the Insured and the Underwriters. Any amendment, change, or extension of such contract can only be affected by specific endorsement attached thereto. Should the above mentioned contracts of insurance be cancelled, assigned, or changed during the above named policy period in such a manner as to affect this endorsement, we the undersigned shall give ten (10) days written notice to the Division of Pesticides.

Signature of Responsible Party

Date