



**STATE OF ALABAMA  
DEPARTMENT OF AGRICULTURE AND  
INDUSTRIES**

BEARD BUILDING  
1445 FEDERAL DRIVE  
MONTGOMERY, ALABAMA 36107-1123



Pesticide Management Section - Professional Services Unit

Phone (334) 240-7286 - Fax (334) 240-7168

**CERTIFICATE OF INSURANCE FOR GROUND APPLICATORS**

INSURED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POLICY NO: \_\_\_\_\_

EFFECTIVE DATE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

GENERAL LIABILITY HAZARDS	COVERAGE OF LIMITS AND LIABILITY			
	BODILY INJURY		PROPERTY DAMAGE	
	EACH PERSON	EACH OCCURRENCE	EACH OCCURRENCE	AGGREGATE
MANUFACTURER'S & CONTRACTOR'S	\$ _____	\$ _____	\$ _____	\$ _____
PRODUCTS - COMPLETED OPERATION	\$ _____	\$ _____	\$ _____	\$ _____
INCLUDING CHEMICAL DRIFT*	\$ _____	\$ _____	\$ _____	\$ _____

\*CHEMICAL DRIFT LIABILITY IS REQUIRED

INSURANCE OR BONDING REQUIREMENTS  
TITLE 2, CHAPTER 27, SECTION 56, CODE OF ALABAMA (1975)

(1) EACH COMMERCIAL GROUND APPLICATOR MUST HAVE AND MAINTAIN SURETY BOND OR LIABILITY INSURANCE WHICH COVERS CHEMICAL DRIFT IN THE AMOUNT OF AT LEAST \$3,000.

IF THIS POLICY IS CANCELED OR CHANGED DURING THE PERIODS OF COVERAGE AS STATED HEREIN, IN SUCH A MATTER AS TO AFFECT THIS CERTIFICATE, WRITTEN NOTICE SHOULD BE MAILED IMMEDIATELY TO THE STATE OF ALABAMA AT THE ABOVE ADDRESS.

DATE: \_\_\_\_\_ AGENT: \_\_\_\_\_

COUNTERSIGNED BY: \_\_\_\_\_ BY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_