

LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY MIKE STRAIN DVM, COMMISSIONER

Agriculture & Environmental Sciences, P.O. Box 3596, Baton Rouge, LA 70821-3596, (225) 925-4578, FAX (225) 237-5560



INSURANCE VERIFICATION FORM

This verification must be completed and submitted by the insurance agent / representative.

PLEASE PRINT

Pest Control Company Name		Address		
City	State		Zip Code	
Name of Insurance Company		Address		
Insurance Company NAIC#	Per Occurrence Limit		Aggregate Limit	
Policy Number	Effective Date		Expiration Date	
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Coverage and Limits of Insurance Required

Louisiana Law requires all Pest Control Operators to obtain and maintain Insurance with minimum coverage limits listed below:

- 1. Not less than \$250,000, public / general liability coverage, per accident / occurrence for the following:
 - a. all work performed under specific structural pest control license phases.
- 2. not less than \$100,000 coverage for property damage;
- 3. or combined single limits of \$350,000

Statement of Insurance Agent Representative of Pest Control Operator:

As the insurance agent representative of the Pest Control Company Insured named above, I attest that the insurance with the carrier(s) listed, covers all types of work performed under specific structural pest control license phases and contain limits of not less than \$100,000 for property damage, not less than \$250,000 for public / general liability per accident / occurrence or combined single limits of \$350,000 and provide for at least 10 days prior written notice to the commission before cancellation and 10 days written notice to the commission when paid claims reach or exceed the aggregate limit as stated above.

Agent Signature		Date	
Insurance Agent Name			_
Insurance Agency Name		Address	
City	State	Zip	