



PROOF OF FINANCIAL SECURITY

<p>Proof of Financial Security must be submitted before expiration date or the license is automatically suspended. Form must be legible and signed. Electronic signatures are acceptable.</p> <p>Do not send multiple copies of the proof of financial security unless requested by PMD staff.</p>		<p style="text-align: center;"><u>INSURED</u></p> <p>Business License Name (as licensed by the Department): _____</p> <p>PMD License No. _____</p> <p>Address: _____</p> <p>Phone: _____ Fax / Email (optional): _____</p>		
<p style="text-align: center;"><u>INSURER</u></p> <p>Name: _____</p> <p>Address: _____</p> <p>Phone: _____ Fax / Email (optional): _____</p>		<p style="text-align: center;"><u>PRODUCER/BROKER</u></p> <p>Name: _____</p> <p>Address: _____</p> <p>Phone: _____ Fax / Email (optional): _____</p>		
Policy Number	Eff. Date (mm/dd/yy)	Exp. Date (mm/dd/yy)	POLICY LIMITS	
			<u>Each Occurrence</u> (\$500K minimum)	\$
			<u>General Aggregate</u> (\$500K minimum)	\$
<p>General Liability - Current law requires not less than \$500K for operations from insured's primary office and any branch office.</p>			<p>Termite Damage due to Negligent Treatment (\$100K minimum if applicable)</p>	\$
<p>Notice of policy changes - Should the policy be cancelled, revoked or fall below the minimum limits, or if the deductible is increased to greater than 1% of the total financial responsibility, the insurer will mail written notice to the Arizona Pest Management Division within thirty (30) days.</p>			<p>WDIIR** (\$100K minimum if applicable)</p>	\$
<p>General Liability - Current law requires not less than \$500K for operations from insured's primary office and any branch office.</p>			<p>Deductible <i>Do not leave blank</i> – \$0 minimum</p>	\$
<p>If the Business License is licensed in the Wood-Destroying Organism Inspection Treatment & Inspection Category, does this business licensee provide Termite Treatments? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, Termite Damage due to Negligent Treatment Coverage in the amount of \$100,000.00 minimum is required.</p>				
<p>If the Business License is licensed in the Wood-Destroying Organism Treatment & Inspection or Wood-Destroying Insect Inspection Category(s), does this business licensee provide Wood-Destroying Insect Inspection Reports? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, WDIIR Errors & Omissions Coverage in the amount of \$100,000.00 minimum is required.</p>				
<p>I certify that the insurance or surety bond listed above has been issued to the insured for the period indicated, and complies with Arizona Revised Statutes § 3-3615. If financial responsibility is insurance, the insured shall maintain a coverage endorsement for pesticides and herbicides, fumigation, care custody and control, rights-of-way, wood-destroying insect inspection report errors and omissions, wood-destroying organism management, and pollution transit <u>for its applicable license categories.</u></p> <p>Please check each of the license categories below covered by this policy:</p>				
<input type="checkbox"/> Industrial & Institutional (1)		<input type="checkbox"/> Ornamental & Turf (3)		<input type="checkbox"/> Fumigation (6)
<input type="checkbox"/> Wood-Destroying Organism Treatment & Inspection (2A)		<input type="checkbox"/> Right-of-Way (4)		<input type="checkbox"/> Wood Preservation (7)
<input type="checkbox"/> Wood-Destroying Insect Inspection (2B)		<input type="checkbox"/> Aquatic (5)		
<p>I certify that I am a duly authorized representative of the insurance company and the company holds a valid certificate of authority or is permitted to transact surplus lines insurance in Arizona. When requested, the company agrees to furnish the PMD a complete copy of the policy, including endorsements.</p>				
<p>_____ Authorized Agent Name/Title (Please Print)</p>				<p>_____ Date</p>
<p>_____ Authorized Agent's Signature</p>				<p>Check one: Filled out by Producer/Broker <input type="checkbox"/></p> <p style="padding-left: 100px;">Filled out by Insurer <input type="checkbox"/></p>



Proof of Financial Security

Please Reference Arizona Revised Statute **3-3615** for specific details.

The Arizona Department of Agriculture (AZDA) - Pest Management Division (PMD) will only accept the Proof of Financial Security document located on the AZDA website (<https://agriculture.az.gov/download-forms>). No other Certificates of Insurance will be accepted (i.e. Acord Certificate of Liability Insurance form).

A Business Licensee is required to provide proof of financial security in an amount no less than \$500,000.00 at all times during the licensing period.

General Aggregate – this is the maximum the insurance company will pay out.

The Proof of Financial Security must provide the deductible amount of the policy: If an insurance policy provides for a deductible, the deductible amount shall not exceed one per cent of the total financial security for each occurrence. If the deductible amount is in excess of one per cent of the total financial security for each occurrence, the business licensee shall provide other security as provided in this subsection or other evidence of financial security for the excess deductible amount.

Example: If your General Aggregate is \$2,500,000.00; your deductible cannot exceed \$25,000.00

If certified in the Wood-Destroying Organism Treatment & Inspection Category: the Business Licensee is required to have an endorsement with a minimum of \$100,000.00 pursuant to A.R.S. § 3-3615 (3)(b) for Termite Damage due to Negligent Treatment.

If certified in the Wood-Destroying Organism Treatment & Inspection or Wood-Destroying Insect Inspection Category, and performs Wood-Destroying Insect Inspection Reports (WDIIR): the Business Licensee is required to have an endorsement with a minimum of \$100,000.00 for errors and omissions (E & O) contained in the reports pursuant to A.R.S. § 3-3615 (3)(c). Business Licensees that do not provide Wood-Destroying Insect Inspection Reports are not required to have this endorsement.

If financial security is in the form of liability insurance, a licensee shall maintain a coverage endorsement for pesticides and herbicides, fumigation, care, custody and control, rights-of-way, wood-destroying insect inspection report errors and omissions, and pollution transit for its applicable license categories.

(1) Industrial and Institutional: pest management in or about a residential or other structure excluding anti-microbial pest management, fungi inspection, or pest management covered by another certification category. This includes public health pest management such as adult mosquitoes.

(2A) Wood-destroying organism inspection & treatment: inspecting for the presence or absence of wood-destroying organisms and treating for wood-destroying organisms in or about a residential or other structure by a means other than use of a fumigant.

(2B) Wood-destroying insect inspection: inspecting for the presence or absence of wood-destroying insects only and excluding preparing treatment proposals.

(3) Ornamental & Turf: pest management, including weeds, in the maintenance of ornamental trees, shrubs, flowers, and turf by a means other than use of a fumigant.

(4) Right-of-Way: pest management, including weeds, in the maintenance of public roads, electric powerlines, pipelines, railway rights-of-way or other similar areas by means other than use of a fumigant.

(5) Aquatic: pest management, including weeds and mosquito larvae, in standing or running water.

(6) Fumigation: pest management using fumigants.

(7) Wood preservation: application of pesticides directly to structural components of wood or wood products, which are not part of an existing structure normally habitable by persons, to prevent or manage wood degradation by wood-destroying organisms including fungi and bacteria.