

**LIABILITY INSURANCE INFORMATION**  
**AS REQUIRED FOR LICENSURE**  
**COMMERCIAL PEST CONTROL SECTION**  
**ARKANSAS STATE PLANTBOARD**

P.O. Box 1069  
 Little Rock, AR 72203-1069

Date:

Producer: _____ FAX: _____	INSURERS AFFORDING COVERAGE _____ NAIC # _____
INSURED: _____	INSURER A _____ INSURER B _____ INSURED C _____ INSURER D _____ INSURER E _____

**COVERAGES**

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE(MM/DD/YY)	LIMITS
		GENERAL LIABILITY  COMMERCIAL GENERAL LIABILITY  CLAIMS MADE  GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY PROJECT LOCATION				EACH OCCURRENCE  DAMAGE TO RENTED PREMISES -EA OCCURRENCE  MED. EXP. (ANY ONE PERSON)  PERSONAL & ADV INJURY  GENERAL AGGREGATE  PRODUCTS- COMP/OP AGG

**CERTIFICATE HOLDER**

**CANCELLATION**

	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, IT'S AGENTS OR REPRESENTATIVES.  AUTHORIZED REPRESENTATIVE _____
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