



Pesticide Business Insurance Requirements

Applicants for a Pesticide Business License in Ohio must provide proof of financial responsibility before a license can be issued. This form may be mailed, faxed or emailed. Provisions of Ohio's Administrative Code 901:5-11-06 specifying the insurance requirements are detailed below and include:

(A) Every Pesticide Business issued a pesticide business license shall have in force, for the term of the license, a comprehensive general liability insurance policy and, either a separate professional liability insurance policy or an endorsement, covering liability arising from the application of pesticides in each of the specific user categories in which pesticide applicators employed by the business are licensed. The policy and endorsements shall be issued by a company authorized to do business in Ohio. The policy shall provide coverage for bodily injury, property damage, products and completed operations and shall contain the following minimum limits of insurance:

- (1) three hundred thousand dollars (\$300,000) policy general aggregate;
- (2) three hundred thousand dollars (\$300,000) per occurrence limit; and,
- (3) three hundred thousand dollars (\$300,000) products and completed operations aggregate.

The insurance policy shall also contain a clause which states in the same or similar language: "In the event of cancellation for non-payment of premium the insurer agrees to advise the Ohio Department of Agriculture, Pesticide Regulation Section, 8995 East Main Street, Reynoldsburg, Ohio 43068, by written notice ten days prior to the effective date of cancellation. If the policy is, for any other reason, cancelled, not renewed, or there is a material change the insurer agrees to give the Ohio Department of Agriculture thirty days written notice."

(B) Every Pesticide Business issued a pesticide business license which is also licensed in the category of wood-destroying insect diagnostic inspection shall obtain either a specific liability policy, or an endorsement on an existing comprehensive general liability policy, issued by a company authorized to do business in Ohio, in the amount of fifty thousand dollars per occurrence with an aggregate limit of at least one hundred thousand dollars covering claims which arise from errors or omissions in the performance of wood-destroying insect diagnostic inspections.

(C) Every person applying for a pesticide business license shall submit with their license application either a certificate of insurance or a binder verifying that they meet the requirements of paragraph (A) of this rule; and, if they are licensed in the category of wood-destroying insect diagnostic inspection, verifying that they meet the requirements of paragraph (B) of this rule. The certificate of insurance or binder shall contain:

- (1) the name and address of the issuing company;
- (2) the name and address of the insured;
- (3) the effective date and expiration date of the insurance policy;
- (4) the policy number;
- (5) a statement verifying that the policy covers liability arising from the application of pesticides, and if applicable, liability arising from the performance of wood-destroying insect diagnostic inspections; and,
- (6) the limits of insurance.

(D) Exclusions and Exemptions: the above requirements shall apply to all pesticide businesses, except pesticide businesses whose activities are limited to:

- (1) Application of boat antifoulants
- (2) Seed Treatment
- (3) Those performed as a pesticide solicitor

Additionally, aerial pest control applicators shall have in force a minimum limit of insurance:

- one hundred thousand dollars (\$100,000) property damage per occurrence
- one hundred thousand dollars (\$100,000) bodily injury coverage for each person
- three hundred thousand dollars (\$300,000) bodily injury per occurrence



CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) REQUIRED (1)
PRODUCER Agents Name Address City, State & Zip Phone Number Required (2)	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW	
INSURED Business Name Address City, State & Zip Phone Number Required (3)	INSURERS AFFORDING COVERAGE	NAIC #
	INSURER A:	
	INSURER B:	
	INSURER 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 E 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 INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS												
		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR Required (4) GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC Required (5)	Show Full Policy Number Required (5)	Show Policy Term Required (6)	Show Policy Term	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$ Required (7) MED EXP Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ Required (8) PRODUCTS - COMP/OP AGG \$ Required (9)												
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$												
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY-EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY : AGG \$												
		EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$												
		WORKERS COMPENSATION AND EMPLOYER'S LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">WC/STATU-TORY/LIMITS</td> <td style="width:50%;">OTHER</td> <td>\$</td> </tr> <tr> <td colspan="2">E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td colspan="2">E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td colspan="2">E.L.O. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	WC/STATU-TORY/LIMITS	OTHER	\$	E.L. EACH ACCIDENT		\$	E.L. DISEASE - EA EMPLOYEE		\$	E.L.O. DISEASE - POLICY LIMIT		\$
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		OTHER																

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Required statement (10) Must state specifically "Policy covers liability arising from the application of Pesticides." We can no longer accept the Ohio Pesticide Applicator endorsement.

Required statement (11) if applicable

CERTIFICATE HOLDER Ohio Department of Agriculture Pesticide Regulation Section 8995 East Main Street Reynoldsburg, Ohio 43068-3399	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>Required 12</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE Required (13)
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