

CPO Financial Responsibility Certificate

Oregon Department of Agriculture
 Pesticides Division
 (503) 986-4635

Form date 10/16



Commercial Pesticide Operator (CPO) Financial Responsibility Certificate - Please Print Clearly

Insured (name and address):	Oregon certificate to be filed with:
Insurance company affording coverage (name and address):	Agent (name, address, phone):
CPO license number (required):	Issue date (mm/dd/yy):

This is to certify that the policies of insurance listed below have been issued to the insured name above for the policy period indicated, and complies with the requirement of Oregon Revised Statutes Chapter 634.

TYPE OF INSURANCE	POLICY NUMBER AND EFFECTIVE DATES			LIMITS		
GENERAL LIABILITY Comprehensive Form Premises/Operations Care, custody, control (to cover larger areas)	Policy number	Effective date	Expiration date	General aggregate		
				Each occurrence		
				BI and PD combined occ.		
				BI and PD combined agg.		
AIRCRAFT COVERAGE	POLICY NUMBER AND EFFECTIVE DATES					
Aircraft (list FAA number)	Policy number	Effective date	Expiration date	Bodily injury	EA PERS	
					EA OCC	
				Property damage	AGG	
					EA OCC	
				Single limit bodily injury liability	AGG	
					EA OCC	
Coverage for all pesticide compound/products except those used in violation of any state or local laws.				Excluding passengers and property damage liability		

EXCEPTIONS: Picloram (e.g., Tordon, Amdon) or any dessicant or defoliant applied in dust form; or any inorganic arsenic compound except arsenic acid used in liquid spray form as a cotton dessicant or defoliant.

I certify that I am a duly licensed representative of the company affording coverage and that said company is qualified to do business in Oregon. Should any of the above-described policies be canceled before the expiration date thereof, the issuing company will mail thirty (30) days written notice to the Oregon Department of Agriculture. When requested, company agrees to furnish the Department a complete copy of the policy, including endorsements.

Name: _____ Date: _____
 (Please print)

Signature: _____ Title: _____

Fax form to 503-986-5378 or scan and email to efitch@oda.state.or.us