

# CPO Financial Responsibility Certificate

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

Form date 9/18



**Oregon**  
Department  
of Agriculture

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

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

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		
<b>GENERAL LIABILITY</b>  Comprehensive Form  Premises/Operations  Care, custody, control (to cover larger areas)	Policy number	Effective date	Expiration date	<b>General aggregate</b>		
				<b>Each occurrence</b>		
				<b>BI and PD combined occ.</b>		
				<b>BI and PD combined agg.</b>		
<b>AIRCRAFT COVERAGE</b>	<b>POLICY NUMBER AND EFFECTIVE DATES</b>					
Aircraft (list FAA number)	Policy number	Effective date	Expiration date	<b>Bodily injury</b>	EA PERS	
					EA OCC	
				<b>Property damage</b>	AGG	
					EA OCC	
				<b>Single limit bodily injury liability</b>	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		

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 pestx@oda.state.or.us**