



GEORGIA DEPARTMENT OF AGRICULTURE

TYLER J HARPER, COMMISSIONER

agr.georgia.gov

Structural Pest Division

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Guidance for completing the Georgia Structural Pest Control Act Insurance Certification Form

This guidance is for structural pest control companies. This form and required attachment(s) must be submitted to the Structural Pest Control Division of the Georgia Department of Agriculture. The requirement to maintain the insurance policy and submit verification is specified in the Georgia Structural Pest Control Act.

What is required on the form?

The following information is required on the form:

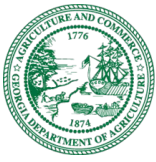
- Pest Control Company name
 - License number
 - Address
 - City, State & Zip
 - Indicate licensed category(ies): Fumigation, Household Pest Control, Wood Destroying Organism, or Honey Bee Removal
- Insurance company name
 - Policy Number
 - Effective date
 - Expiration date
- Printed Name and Signature of DCO or authorized representative of the pest control company

What should be attached to the form?

- Certificate of Liability Insurance form. This certificate is often referred to as the "ACORD 25"
- Endorsements: The following endorsements must be identified on the certificate or attached separately:
 - Pollution liability coverage's
 - Errors and Omissions if operating in Wood Destroying Organisms category
 - Cancellation provision notification to the Department

When is the form required to be submitted to the Department?

- Each time the policy is renewed (typically on an annual basis)
- A new policy is issued
- New application for company license



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GEORGIA STRUCTURAL PEST CONTROL ACT INSURANCE CERTIFICATION FORM

Insured _____ License No. _____

Address _____

City _____ State _____ Zip Code _____

Insurance Company _____

Policy No. _____ Effective Date _____ Expiration Date _____

Licensed Categories: Fumigation Household Pest Control Wood-destroying Organism Honey Bee Removal (HBR)

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MINIMUM LIMITS REQUIRED FOR PEST CONTROL, HBR, AND/OR FUMIGATION LICENSE	
Bodily Injury: Any One Occurrence	\$50,000
Property Damage: Any One Occurrence . . .	\$50,000
Minimum Annual Aggregate	\$200,000

MINIMUM LIMITS REQUIRED FOR WOOD-DESTROYING ORGANISM LICENSE	
Bodily Injury: Any One Occurrence	\$100,000
Property Damage: Any One Occurrence . . .	\$100,000
Minimum Annual Aggregate	\$500,000

INSURANCE REQUIREMENTS

Insurance coverage is required by the Georgia Structural Pest Control Act. The company must keep coverage active and meet the minimum requirements as specified in O.C.G.A. 43-45-9 and on this form.

Liability for bodily injury and property damage claims: Coverage as specified by category on this form.

Pollution Liability: Coverage for claims caused by sudden and accidental discharge or release of pollutants.

Errors and Omissions: Licensees for the control of wood-destroying organisms shall have coverage for claims arising from the licensee's treatment or services for control of wood-destroying organisms including errors and omission coverage on an occurrence basis.

Cancellation: Policy must contain a cancellation provision whereby notification of cancellation is made by the insurer to and received by the Georgia Department of Agriculture no less than 30 days prior to the cancellation.

Certificate of Liability Insurance form and endorsements: This certificate must be executed by an authorized representative of the insurance producer. The certificate and endorsements must be included with this form.

This form and attachments shall serve as verification of the company holding all of the insurance coverage requirements. By signing below, the authorized representative certifies that the licensee maintains the required insurance coverage at this time and throughout the license period and in the minimum amounts specified in O.C.G.A. 43-45-9 and on this form. Failure to maintain minimum required coverage will result in automatic license suspension. If license is not reinstated within three months, it shall be revoked by operation of law without a hearing.

Signature of Designated Certified Operator
or Authorized Representative

Printed Name