

If you are applying for a pest control business license, then you must demonstrate financial responsibility by choosing **one** of the options listed in the tables below.

**Required forms**

The following table lists the forms required for each option. You can obtain all department PR-PML forms from our Web site at <<http://www.cdpr.ca.gov/docs/license/lcforms.htm>>. If you choose to submit the *Acord Certificate of Liability Insurance* form provided by your insurance company, then it **must state that your policy meets and complies with Title 3 of the California Code of Regulations, Code section 6524, including chemical bodily injury and chemical property damage coverage.** See our *Acord* sample for more details.

Type of Pest Control Business	Option 1: Liability Insurance	Option 2: Certificate of Deposit	Option 3: Surety Bond	Option 4: Self-insurance
<b>Pest Control Business (Ground/Fumigations)</b>	Submit <b>one</b> of the following: <ul style="list-style-type: none"> <li>• <i>Acord Certificate of Liability Insurance</i> (must include required statement; see sample); <b>or</b></li> <li>• <i>Certificate of Insurance</i> (PR-PML-052)</li> </ul>	Proof from bank issuer	<i>Pest Control Business Licensees Bond</i> (PR-PML-053)	N/A
<b>Pest Control Business (Aerial)</b>	Submit the following: <ul style="list-style-type: none"> <li>• <i>Certificate of Insurance</i> (PR-PML-052)</li> </ul>	Proof from bank issuer	<i>Pest Control Business Licensees Bond</i> (PR-PML-053)	N/A
<b>Maintenance Gardener Pest Control Business</b>	Submit <b>one</b> of the following: <ul style="list-style-type: none"> <li>• <i>Acord Certificate of Liability Insurance</i> (must include required statement; see sample); <b>or</b></li> <li>• <i>Certificate of Insurance</i> (PR-PML-052)</li> </ul>	Proof from bank issuer	<i>Pest Control Business Licensees Bond</i> (PR-PML-053)	<i>Liability Certification Statement</i> (PR-PML-170)

**Required amounts**

The following table lists the dollar amounts required for each option.

Type of Pest Control Business	Option 1: Liability Insurance			Option 2: Certificate of Deposit	Option 3: Surety Bond	Option 4: Self-insurance
	Bodily Injury Per Person	Bodily Injury Per Occurrence	Property Damage			
<b>Pest Control Business (Ground/Fumigations)</b>	\$100,000	\$300,000	\$50,000	\$75,000	\$75,000	N/A
<b>Pest Control Business (Aerial)</b>	\$100,000	\$300,000	\$100,000 per aircraft (a)	\$50,000 per aircraft (b)	\$50,000 per aircraft (b)	N/A
<b>Maintenance Gardener Pest Control Business</b>	\$5,000	\$10,000	\$5,000	\$5,000	\$5,000	Pay for damages using personal assets

- (a) When more than one aircraft is insured, the property damage aggregate is one-half the property damage limit times the number of aircraft insured.  
(b) A certificate of deposit or surety bond need not exceed \$300,000 per license.

# ACORD<sup>TM</sup> CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

PRODUCER	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.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED	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 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
		<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
		<b>AUTOMOBILE LIABILITY</b> <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) \$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ DISEASE - POLICY LIMIT \$
		OTHER				

Sample

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

DPR Pest Control Business Number: XXXXX (not applicable if new)  
 The coverage provided by this insurance company and issued to the aforementioned Named Insured fulfills the requirements pursuant to Title 3 of the California Code of Regulations, Code section 6524, including chemical bodily injury and chemical property damage coverage.

**CERTIFICATE HOLDER**

California Department of Pesticide Regulation  
 Licensing and Certification Program  
 1001 I Street  
 P.O. Box 4015  
 Sacramento, CA 95812-4015

**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 DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.  
 AUTHORIZED REPRESENTATIVE