ILLINOIS DEPARTMENT OF PUBLIC HEALTH

Division of Environmental Health
525 W. Jefferson St.
Springfield, IL 62761

Structural Pest Control Certificate of Insurance

This certificate serves as evidence of financial responsibility protecting persons from any bodily injury or property damage resulting from the operation of this structural pest control business. A pest control company may not use any chemicals or provide any structural pest control services excluded from the liability insurance policy.

Name of Insured: _____ License I.D. Number: 051- _____

Address: _____

A separate certificate must be submitted for each licensed location.

AMOUNT OF COVERAGE

_____ Bodily Injury Per Person _____ Bodily Injury Per Occurrence

_____ Property Damage Per Occurrence

_____ Combined Single Limit (Bodily Injury/Property Damage Per Occurrence)

Policy Number: _____ Effective Date: _____ Expiration Date: _____

TYPE OF COVERAGE

☐ General Liability ☐ Manufacturer's or Contractor's ☐ Other (Specify): _____

Name of Authorized Insurance Company (or registered Risk Retention/Purchasing Group) Providing Coverage:

_____

Policy Exclusions (use drop down to specify "None" or "See Attached Sheet for Exclusions" and submit a list of exclusions with form): _____

INSURANCE AGENCY

Name: _____ Telephone: _____

Address: _____

E-mail Address: _____ Fax: _____

NOTIFICATION - The Department shall be notified in writing within 1) 30 days of any insurance cancellation or material alteration; and 2) 10 days of any paid claims which would reduce the aggregate limits of insurance below lawful limits (i.e., $100,000/person or $300,000/occurrence bodily injury and $50,000/occurrence property damage; $350,000/occurrence combined bodily injury and property damage) [77 Ill. Adm. Code 830.250(c) and (f)].

_____ _____
Signature (Authorized Insurance Representative) Date

IMPORTANT NOTICE:
THIS STATE AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED UNDER PUBLIC ACT 79-578. DISCLOSURE OF THIS INFORMATION IS MANDATORY. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER

Printed by Authority of the State of Illinois
P.O. #530397 1M 6/00