

CERTIFICATE OF INSURANCE

THIS CERTIFICATE OF INSURANCE MUST BE DELIVERED TO THE DEPARTMENT OF MUNICIPAL AFFAIRS AND ENVIRONMENT,
P.O. Box 8700, St. John's, NL, A1B 4J6 PRIOR TO ISSUANCE OF A PESTICIDE OPERATOR LICENCE.

INSURER

NAME

ADDRESS

BROKER

NAME

ADDRESS

INSURED

INSURED

ADDRESS

ADDITIONAL INSURED (EXCLUDING AUTOMOBILE LIABILITY POLICY)

HER MAJESTY THE QUEEN IN RIGHT OF NEWFOUNDLAND AND LABRADOR AS REPRESENTED BY THE MINISTER OF MUNICIPAL AFFAIRS AND ENVIRONMENT.

THIS DOCUMENT CERTIFIES THAT THE FOLLOWING POLICIES OF INSURANCE AND INDICATED COVERAGES ARE AT PRESENT IN FORCE SUBJECT TO THE TERMS, CONDITIONS AND EXCLUSIONS AS CONTAINED THEREIN COVERING THE PESTICIDE OPERATIONS OF THE INSURED AS PER SECTION 23 OF THE *PESTICIDES CONTROL REGULATIONS 2012* MADE BETWEEN THE NAMED INSURED AND HER MAJESTY THE QUEEN IN RIGHT OF NEWFOUNDLAND AND LABRADOR AS REPRESENTED BY THE MINISTER OF MUNICIPAL AFFAIRS AND ENVIRONMENT.

	POLICY TYPE	NUMBER	INCEPTION DATE	EXPIRY DATE (Y/M/D)	LIMITS OF LIABILITY
1	COMMERCIAL GENERAL LIABILITY				MINIMUM \$1,000,000
2	AUTOMOBILE LIABILITY INSURANCE				MINIMUM \$500,000
3	AIRCRAFT LIABILITY INSURANCE (IF APPLICABLE)				MINIMUM \$1,000,000

THE INSURER AGREES TO NOTIFY HER MAJESTY AND THE NAME OF THE INSURED, IN WRITING, THIRTY (30) DAYS PRIOR TO CANCELLATION OR MATERIAL CHANGE OF ANY POLICY EXCEPT IN THE EVENT OF NON-PAYMENT WHERE POLICY CONDITIONS DEALING WITH TERMINATION WILL APPLY AS THE PESTICIDE OPERATOR'S LICENSE TERMINATES ON CANCELLATION OF INSURANCE.

NAME OF INSURER'S OFFICER OR AUTHORIZED REPRESENTATIVE
PRINT

NAME: SIGNATURE: DATE: TELEPHONE :

ISSUANCE OF THIS CERTIFICATE SHALL NOT LIMIT OR RESTRICT THE RIGHT OF THE DEPARTMENT OF MUNICIPAL AFFAIRS AND ENVIRONMENT TO REQUEST AT ANY TIME DUPLICATE CERTIFIED COPIES OF SAID INSURANCE POLICIES UPON REQUEST.