

TREE SURGERY

CERTIFICATE OF INSURANCE

THIS FORM SHOULD BE COMPLETED BY THE INSURER AND FORWARDED TO:
THE BUREAU OF PLANT INDUSTRY, P.O. BOX 5207, MISSISSIPPI STATE, MS 39762

COMPANY NAME OF INSURED: _____

NAME OF INSURED: _____

ADDRESS OF INSURED: _____

NAME OF INSURER: _____

ADDRESS OF INSURER: _____

POLICY NUMBER: _____

EFFECTIVE DATE: _____

EXPIRATION DATE: _____

POLICY TYPE: OCCURRENCE OR CLAIMS MADE

Does this policy cover liability insurance in an amount of not less than \$100,000.00 bodily injury and property damage coverage insuring the applicant against liability for damage to persons or property:

YES OR NO

The insurer hereby states that he/she has issued to the aforementioned insured a policy or policies of insurance providing the types of insurance and limits of liability set forth herein. (Section 69-19-9 Mississippi Code 1972). This certificate of insurance neither affirmatively nor negatively amends, extends, or alters the coverage afforded by the policies scheduled herein. It is furnished for information only, confers no rights on the holder and is issued with the understanding that the rights and liabilities of the parties will be governed by the original policies as they may be lawfully amended from time to time.

The insurer will mail to the Bureau of Plant Industry a record of any material change, including a reduction in coverage below \$100,000.00 or cancellation of the aforementioned policy or policies, at least 30 days prior to such change or cancellation.

DATE: _____

BY: _____

(Authorized Representative for Insurer)

ADDRESS: _____

MISSISSIPPI INSURANCE AGENT LICENSE NUMBER: _____