## 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 m	ust be submitted for each licensed location	on.	
AMOUNT OF COVERAG	E		
	Bodily Injury Per Person	Bodily Injury Per	Occurrence
	Property Damage Per Occurrence		
	Combined Single Limit (Bodily Injury/l	Property Damage Per Occurrence)	
Policy Number:	Effective Date:	Expiration Date:	
TYPE OF COVERAGE			
General Liability	Manufacturer's or Contractor's Othe	r (Specify):	
Name of Authorized Insu	rance Company (or registered Risk Retentio	n/Purchasing Group) Providing Cove	rage:
	drop down to specify "None" or Exclusions" and submit a n):		
INSURANCE AGENCY			
Name:	Telephone:		
Address:			
E-mail Address:	F	Fax:	
alteration; and 2) 10 days o (i.e., \$100,000/person or \$3	artment shall be notified in writing within 1) 30 of any paid claims which would reduce the ag 800,000/occurrence bodily injury and \$50,000 property damage) [ 77 III. Adm. Code 830.25	gregate limits of insurance below law 0/occurrence property damage; \$350,	ful limits
	Signature (Authorized I	nsurance Representative) D	ate
	QUESTING DISCLOSURE OF INFORMATION TI IDER PUBLIC ACT 79-578. DISCLOSURE OF T		

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BEEN APPROVED BY THE FORMS MANAGEMENT CENTER