



State of New Jersey

DEPARTMENT OF ENVIRONMENTAL PROTECTION

BUREAU OF PESTICIDE CONTROL
LICENSING & REGISTRATIONS

401 East State Street
P.O. Box 420, Mail Code 401-04A
Trenton, New Jersey 08625-0420
Tel. (609) 984-6568 • Fax (609) 984-6555
www.pcpnj.org

PHILIP D. MURPHY
Governor

TAHESHA L. WAY
Lt. Governor

SHAWN M. LATOURETTE
Commissioner

Insurance Coverage Verification Form (Do not submit if paying online)

Completion of this form is mandatory for Pesticide Applicator Business licensing. **Falsification of the information on this form will result in the denial, suspension, or revocation of this license.**

The following is the minimum insurance coverage required for Pesticide Applicator Businesses in NJ:

Type of Coverage Required

- A. Commercial general liability coverage, including completed operations.
- B. Chemical liability coverage, equivalent to that provided by the ISO endorsement CG 22 64, if available for the type of pest control work done.

Limits of Liability Required

- A. For Pesticide Applicator Businesses that do not do fumigation work:
The equivalent of a \$300,000 combined single limit for bodily injury and property damage.
- B. For Pesticide Applicator Businesses that do fumigation work:
The equivalent of a \$500,000 combined single limit for bodily injury and property damage.

COMPLETE THE ENTIRE FORM BELOW:

- ☐ Yes, I have the required commercial general liability coverage.
- ☐ Yes, I have the required chemical liability coverage.
- ☐ No, I do not have the required chemical liability coverage, as it is not available for my type of pest control.

Pesticide Applicator Business Name (Please print)

License #

Name of Insurance Company (Please print)

Policy #

Direct Phone Number of Insurance Agent: _____

Signature of Responsible Certified Applicator

Date