



JOHN ELIAS BALDACCI  
GOVERNOR

STATE OF MAINE  
DEPARTMENT OF AGRICULTURE, FOOD & RURAL RESOURCES  
BOARD OF PESTICIDES CONTROL  
28 STATE HOUSE STATION  
AUGUSTA, MAINE 04333-0028

SETH H. BRADSTREET III  
COMMISSIONER

HENRY JENNINGS.  
DIRECTOR

## Affidavit of Insurance Coverage

This form should be completed for each company that performs custom "for hire" pesticide applications within the State of Maine. Only one affidavit per company is required. The affidavit should be submitted by the master applicator in charge of operations in Maine.

I, \_\_\_\_\_, hereby swear or affirm that  
*Print or type name*

\_\_\_\_\_ will have the required  
*Print or type name of company*

amount of liability insurance, specified by Board regulations, in effect at the time any employee applies pesticides.

\_\_\_\_\_  
Signature of owner/manager

\_\_\_\_\_  
Date

Completed forms must be returned to this address: Board of Pesticides Control, 28 State House Station, Augusta, ME 04333-0028.

