



**STRUCTURAL PEST INSPECTOR
PROOF OF FINANCIAL COVERAGE – **OPTION 3**
FINANCIAL RESPONSIBILITY
INSURANCE CERTIFICATE (FRIC)**

Washington State Department of Agriculture
Pesticide Management Division
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TO BE COMPLETED BY MY INSURANCE AGENT ONLY!

Instructions: Washington pesticide law (Chapter 15.58 RCW) requires that Structural Pest Inspection companies provide proof of financial coverage. **Use this form to report the insurance policy portion of Option 3. This option also requires a surety bond in the amount of \$12,500.** See <http://agr.wa.gov/PestFert/LicensingEd/CaSpilInfo.aspx> for further information on this bond requirement, including the surety bond form, and an explanation of the other options available.

Important: This form is for Structural Pest Inspectors (SPIs) who perform wood destroying organism inspections. It is **NOT** the form used by Commercial Applicators (CAs) to report financial coverage for the company's pesticide applications!

TO BE COMPLETED BY INSURANCE AGENT ONLY!

Instructions: All items below must be completed or form will be rejected by WSDA.

1 Client Information

What is the name, address and telephone number of the PEST INSPECTION COMPANY?

COMPANY NAME _____ TELEPHONE NUMBER () _____

COMPANY ADDRESS _____

What is the name of the PRIMARY LICENSEE of the pest inspection company?

PRIMARY LICENSEE NAME _____

2 Agent Information

What is the name, address and telephone number of the LOCAL AGENT?

AGENT NAME _____ TELEPHONE NUMBER () _____

AGENT ADDRESS _____

3 E&O Policy Information

What is the POLICY NUMBER and POLICY PERIOD?

POLICY NUMBER _____ POLICY PERIOD FROM: _____ TO: _____

What is the name of the INSURANCE COMPANY and CONTACT PERSON?

INSURANCE COMPANY NAME _____ CONTACT NAME _____

What is the LIMIT and DEDUCTIBLE of E&O coverage?

COVERAGE LIMIT _____ MUST BE AT LEAST \$25,000 DEDUCTIBLE AMOUNT _____ CANNOT BE GREATER THAN \$5,000

4 Agent Certification

It is agreed that the company will file with the Department of Agriculture WITHIN TEN DAYS copies of any and all endorsements extending, restricting, changing, cancelling or renewing the aforementioned coverage. Whenever requested by the Department, the company agrees to furnish a copy of said policy and all endorsements thereon. Please notify the Department if this client fails to meet the deductible clause in any legal claim.

I certify that I have legal authority to act for _____ ; that said company is a direct representative of the Underwriters and not a local agent; and that said company is qualified to do business in the state of Washington; and that the insurance coverage is placed through a properly licensed agent in Washington.

I certify that this policy meets the insurance requirement of RCW 15.58.465(1)(c). This requires an errors and omissions insurance policy of not less than twenty-five thousand dollars that is maintained at or above the required sum at all times during the licensed period. The maximum deductible is \$5,000. The insurance policy shall provide coverage for errors and omissions in an inspection conducted during the term of the policy.

Authorized Agent (please print): _____

Signature: _____ Date: _____