



JANET T. MILLS  
GOVERNOR

STATE OF MAINE  
DEPARTMENT OF AGRICULTURE, CONSERVATION AND FORESTRY  
BOARD OF PESTICIDES CONTROL  
28 STATE HOUSE STATION  
AUGUSTA, MAINE 04333

## 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 the Board of Pesticides Control:

Mail to 28 State House Station, Augusta, ME 04333

Email to [pesticides@maine.gov](mailto:pesticides@maine.gov)

Uploaded via the BPC online portal (to create a login, go to [www.maine.gov/bpc](http://www.maine.gov/bpc))

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