



**STRUCTURAL PEST INSPECTOR
 PROOF OF FINANCIAL COVERAGE – **OPTION 1**
 FINANCIAL RESPONSIBILITY
 INSURANCE CERTIFICATE (FRIC)**

*Washington State Department of Agriculture
 Pesticide Management Division
 P.O. Box 42560
 Olympia, WA 98504-2560
 Toll Free 877-301-4555
 FAX (360) 902-2093
 E-Mail: license@agr.wa.gov*

Instructions: Washington pesticide law (Chapter 15.58 RCW) requires that Structural Pest Inspectors (SPIs) or the companies that employ them provide proof of financial coverage. See <http://agr.wa.gov/PestFert/LicensingEd/CaSpilInfo.aspx> for an explanation of the four options available. **Use this form to report Option 1. DO NOT** use this form to report a claims made insurance policy!

Important: This form is for 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! CAs who perform **complete** wood destroying organism (WDO) inspections must meet the financial coverage requirements of that license AND the Structural Pest Inspector. Licensees with current CA insurance, and their Commercial Operator employees, do not need to meet the SPI financial coverage requirement when performing **specific** WDO inspections. **Complete WDO inspections** are done for the purpose of determining evidence of infestation, damage, or conducive conditions as part of the transfer, exchange, or refinancing of any structure. **Specific WDO inspections** are those done for the purpose of identifying or verifying evidence of an infestation of WDOs prior to pest management activities.

Agent Information: This form is only valid when completed by an **Insurance Agent**. For new licenses, this form must be submitted **BEFORE** the SPI license can be issued. For existing licenses, it must be submitted by the expiration date of the inspector's insurance policy or the SPI license is automatically suspended.

By signing this form, the agent verifies that the insurance meets the conditions of RCW 15.58.465(1)(a). 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. However, the policy may limit the insurer's liability on the policy in effect at the time of the inspection to two years from the date of the inspection.

The following described Insurance Policy has been issued and is in full force and effect as set forth below:

NAME AND ADDRESS OF PEST INSPECTION COMPANY (POLICY HOLDER)	NAME OF INSURANCE COMPANY
	POLICY NUMBER
NAME OF PRIMARY LICENSEE _____ TELEPHONE NUMBER ()	LIMIT OF COVERAGE
NAME AND ADDRESS OF LOCAL AGENT TELEPHONE NUMBER ()	Does this policy meet the requirements of RCW 15.58.465(1)(a) (see above)? <input type="checkbox"/> Yes Note: Claims made insurance policies DO NOT meet this requirement.
	DEDUCTIBLE
	POLICY PERIOD: FROM: _____ TO: _____

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.

Authorized Agent (please print): _____

Signature: _____ Date: _____

NOTE: Return to the Department of Agriculture at the address or fax number above.