

MAINE DEPARTMENT OF AGRICULTURE, FOOD and RURAL RESOURCES
DIVISION OF PLANT INDUSTRY

ARBORIST LICENSE PROGRAM

28 State House Station
Augusta, Maine 04333-0028
Telephone: (207)287-3891

AFFIDAVIT OF INSURANCE COVERAGE

This affidavit must be completed and on file with the Division of Plant Industry before any Arborist License will be issued.

The following must be completed by the person making application to perform arboricultural activities within the State of Maine.

| | | |
|-----------------------------|-------|----------|
| _____ | | |
| Name (please print or type) | City | |
| _____ | | |
| Street Address | State | Zip Code |

I, _____ hereby swear or affirm that I will have the required amount of
(Name of Applicant)
liability insurance specified by state rule in effect at the time I perform any arboriculture activities in the State of Maine. I swear before this notary public that the above statements are true.

Date: _____
Signature

THIS AFFIDAVIT MUST BE NOTARIZED

| |
|---|
| State of _____ |
| County of _____ |
| The above named _____ personally appeared before me and being duly sworn according to law deposes and says that the answers set forth are complete to the best of his/her knowledge and belief and that application is made for the purpose of obtaining the issuance of the license requested. |
| Sworn and subscribed to before me on this _____ day of _____, 20 _____. |
| _____ Notary Public |