



PEST CONTROL GL SUPPLEMENTAL APPLICATION

Please answer all questions. Submit this questionnaire with a completed ACORD application and prior carrier loss runs.

<u>APPLICANT INFORMATION</u>
Named Insured _____
Address _____
Website _____

GENERAL INFORMATION

Location of Operations

Street & City	State	License Number

1. How long has the applicant been in business? _____ Full Time Part-time
2. Has the applicant had any license suspensions and/or warnings or other activity due to failure to meet any licensing requirements? YES NO
3. Does the applicant sub-contract any work? YES NO
 - If yes, complete the following questions.
 - a. Describe the type of work that is sub-contracted: _____
 - b. Annual subcontractor cost? \$ _____
 - c. What Commercial General Liability Limits are required for subcontractors? \$ _____
 - d. Are Certificates of Insurance obtained? YES NO
 - e. Are subcontractors required to name applicant as an additional insured on their policy? YES NO
4. What training is provided for new employees? _____

OPERATIONS

Operation	Sales	% of Operation
Termite Inspections without Treatment (do not include sales for renewal inspections where a previous treatment by you has been done)	\$ _____	_____ %
Termite Treatment and Renewal Inspections	\$ _____	_____ %
Exterminating – Residential	\$ _____	_____ %
Commercial	\$ _____	_____ %
Carpentry (Payroll: \$ _____)	\$ _____	_____ %
Other – Please Describe: _____	\$ _____	_____ %
Total Sales	\$ _____	100%

5. Provide the percentage of work by clientele: Residential: _____ % Commercial: _____ % Industrial: _____ %
Describe types of commercial and industrial clients, if any: _____



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7. Does the applicant exterminate anything other than insects or small household pests? YES NO

If yes, please explain: _____

8. Does the applicant, or subcontractors acting on their behalf, do any of the following? Check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Aerial spraying or dusting | <input type="checkbox"/> Spraying or treatment of crops, lakes or ponds, railroad cars, railroad right of way, rivers, ships, or storage tanks. |
| <input type="checkbox"/> Bird control/ extermination in or near airports | <input type="checkbox"/> Use of gas |
| <input type="checkbox"/> Large animal (bears, alligators, etc.) removal/control | <input type="checkbox"/> Use of fire, any and all types |
| <input type="checkbox"/> Using equipment utilizing propane and/or oxygen (I.E. Rodenator) | <input type="checkbox"/> Blasting or explosive use of any kind |
| <input type="checkbox"/> Fumigating involving tenting | <input type="checkbox"/> Inspection and/or treatment for mold, fungus, etc. |
| <input type="checkbox"/> Heat Treatments or thermal radiation for/of bedbugs | <input type="checkbox"/> Radon analysis |

9. Any products manufactured, labeled, or packaged by, or at the direction of an insured? YES NO

10. Mixing or compounding of chemicals or products by, or at the direction of an insured for the purpose of sale to others? YES NO

11. Do you provide interstate or highway right-of-way maintenance work? YES NO

If yes, complete below questions regarding this type of work:

- a. Does the equipment used have a regular maintenance schedule? YES NO
- b. Are guards in place to protect passing motorists and pedestrians from flying rock/debris? YES NO
- c. Has there been any prior losses involving flying debris in this type of work? YES NO
- d. Does this type of maintenance work involve any landscaping, erosion control or mowing? YES NO
- e. How many years of experience do you have in this type of work? _____

12. Does the applicant use foam pesticides? YES NO

If yes, complete below questions regarding this type of work:

- a. What types of pesticide applicator units do you use? Can Hand pumps Compressed Air
- b. What precautions are taken to prevent foam from seeping into unintended areas? _____

13. Does the applicant use EPA "restricted use" pesticides? YES NO

If yes, complete below questions and attach a list of "restricted use" chemicals used:

- a. What is the applicants EPA license number? _____
- b. When and where are these chemicals used? _____
- c. Why is it necessary to use EPA "restricted use" pesticides? _____

14. Are chemicals stored in NFPA approved containers? YES NO

Provide details of storage: _____

- a. Are storage areas locked with warning signs posted? YES NO
- b. Are flammable pesticides stored in a fire resistive cabinet or shed? YES NO



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OPTIONAL COVERAGES

Lost Key Coverage: \$10,000 \$25,000 \$50,000

Wood Destroying Organism Property Damage Extension for Inspections:

\$25,000/\$100,000 \$50,000/\$100,000 \$100,000/\$300,000

\$100,000/\$500,000 (GA Only) \$250,000/\$500,000 (FL Only)

In Transit Pollution: \$10,000/\$25,000 \$25,000/\$50,000 \$50,000/\$100,000

Property Damage Extension: \$5,000/\$25,000 \$50,000/\$50,000 \$100,000/\$100,000

This application does not bind the applicant nor the company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

APPLICABLE IN THE STATE OF NEW YORK

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

FRAUD WARNING

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE OF INSURANCE INFORMATION PRACTICES

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

Applicant Name (Print)

Producer Name

Applicant Signature & Date

Producer Address