



**Pest Control Application**

General Info

1. Name \_\_\_\_\_  
 (Complete name as it should appear on the policy including Inc., Corp., Ltd., Etc.)
2. Mailing Address \_\_\_\_\_  
 No. Street City County State Zip Code
3. List any additional locations:  
 \_\_\_\_\_
4. Inspection Contact \_\_\_\_\_ Phone ( ) \_\_\_\_\_
5. Telephone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_
6. Website \_\_\_\_\_ FEIN \_\_\_\_\_
7. Date established \_\_\_\_\_ **Pest Control License No.** \_\_\_\_\_ List **all other Licenses and License Numbers** for your business \_\_\_\_\_  
 (Check appropriate box)  Sole Proprietor  Partnership  Corporation  Other
8. Policy proposed effective date \_\_\_\_\_ to \_\_\_\_\_
9. Current coverage expires/expired on \_\_\_\_\_
10. Requested GL limit of liability (Occurrence/Aggregate):  \$300,000/\$600,000  \$500,000/\$1,000,000  
 \$1,000,000/\$1,000,000  \$1,000,000/\$2,000,000  Other \_\_\_\_\_  
 WDI/Treatment Limits:  \$100,000/\$300,000  \$300,000/\$600,000  \$500,000/\$1,000,000  1,000,000/\$1,000,000  
 WDI/Inspection Limits:  \$100,000/\$300,000  \$300,000/\$600,000  \$500,000/\$1,000,000  1,000,000/\$1,000,000  
 Lost Key Coverage Requested:  Yes  No
11. Deductible:  \$500  \$1,000  \$2,500
12. List all Pest Control Associations for which the Applicant is a member in good standing: \_\_\_\_\_  
 \_\_\_\_\_
13. Is the Applicant a successor of any other business?  Yes  No
14. Does Applicant own or operate any other business?  Yes  No
15. Is work done through or by any affiliated or related companies?  Yes  No
16. Has Applicant or any affiliated, related or predecessor entity or any officer or owner of any of them ever been convicted of a crime?  Yes  No
17. Has Applicant or any affiliated, related or predecessor entity ever defaulted on a labor and material bond, performance bond or bid bond or failed to complete or been terminated on any project?  Yes  No

18. Has Applicant or any affiliated, related or predecessor entity ever been or is currently the the subject of bankruptcy, reorganization, solvency, dissolution, or other debtor related proceedings, or has it made an assignment for the benefit of creditors?  Yes  No
19. Is Applicant or any affiliated, related, or predecessor entity currently involved in any litigation, administration, or arbitration proceeding(s) or subject to any court or agency order of injunction?  Yes  No
20. Has Applicant or any affiliated, related, or predecessor entity ever been cited by any governmental/regulatory agency or by civil court for violation of any regulations, safety, health, or product label, environmental laws or regulations?  Yes  No
21. Does the Applicant have any knowledge of or reason to expect claims to be filed arising out of pest control operations prior to the effective date of coverage with this company?  Yes  No
22. Does Applicant transport hazardous materials/substances in PLACARDED vehicles owned, leased, or rented by Applicant? **If yes, attach procedures and describe all hazardous materials/substances transported.**  Yes  No
23. Are current commercial drivers licenses maintained for all drivers of PLACARDED vehicles?  Yes  No
24. How many vehicles does the Applicant use to transport pesticides? \_\_\_\_\_
25. Does Applicant sell pesticides or any other products?  Yes  No
26. Have any products ever been recalled, discontinued or changed?  Yes  No
27. Are there any guarantees, warranties or hold harmless agreements?  Yes  No
28. Does Applicant reformulate or repackage pesticides for retail use?  Yes  No
29. Describe any services which are performed by subcontractors \_\_\_\_\_  
\_\_\_\_\_
30. Are Applicants subcontractors allowed to work without providing a COI?  Yes  No
31. Does current subcontractors carry coverages or limits less than Applicants?  Yes  No
32. Does Applicant lease equipment to others with or without an operator?  Yes  No
33. Does Applicant have any contracts with new home developers or new home builders for the treatment or inspections of homes?  Yes  No  
If yes, please provide details in the space below on the number of contracts, number of homes per contract, and specific duties (i.e. pest control, termite inspection, etc.) for each contract

**EXPLAIN ALL "YES" RESPONSES TO THE FOLLOWING QUESTIONS: #13, 14, 15, 16, 17, 18, 19, 20, 21,22, 25, 26, 27, 28, 32 AND 33.**

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**34. Employees:**

Categories	# of Employees
Pest Control	
Termite Control (treatment)	
WDI/O (Real Estate) Inspection	
Fumigation	
Sales	
Clerical	

- a. Pre-employment Screening procedures for employees **(check all that apply)**
- Employment Application       Drug/Alcohol testing       Driving record  
 Background Check       Verify Prior Experience       Other \_\_\_\_\_
- b. Does Applicant conduct training programs for technicians?  Yes  No  
 If yes, please describe: \_\_\_\_\_
- c. What controls does Applicant have in place to ensure that state training guidelines are practiced?  
 \_\_\_\_\_

**35. Operations** - estimated annual receipts from all operations

Categories	Estimated annual sales	Categories	Estimated annual sales
General Pest Control	\$	Health Inspections	\$
Termite Control (without inspection)	\$	Carpentry	Sales Payroll
WDI/O Inspection	\$	General Construction - explain type	\$
Fumigation	\$	Product Sales	\$
Pre-treat new homes	\$	Subcontractors	Total cost
Wildlife Control	\$	Mold Remediation	\$
Lawn Care	Sales Payroll	Janitorial/building maintenance	\$
Landscaping	Sales Payroll	Other (explain)	
Tree Pruning, Dusting, Spraying, Trimming or Fumigating	Sales Payroll		

**36. Pesticide Use**

- a. Are there written procedures that explain control techniques for each type of pest and their environments?  Yes  No
- b. What safety measures are used to store pesticides? \_\_\_\_\_
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- c. Are technicians trained on emergency spill control procedures?  Yes  No
- d. List chemicals, pesticides and application methods used: \_\_\_\_\_
- e. How much stock of dursban, malathion or diazinon do you have? \_\_\_\_\_
- f. What controls does Applicant have for the rinsing and dispensing of pesticide containers? \_\_\_\_\_

**37. Clients:** Please indicate the percentage of clients that fall into the following categories:

- Commercial \_\_\_\_%       Residential \_\_\_\_%       Food Processor \_\_\_\_%  
 Hospital/Medical facility \_\_\_\_%       Educational/Day Care facility \_\_\_\_%  
 Other \_\_\_\_%

- a. Describe how warnings are communicated to customers prior to the application. \_\_\_\_\_
- b. Describe Applicants follow-up procedures with customers after application has been applied. \_\_\_\_\_
- c. Describe Applicants customer complaint procedures. \_\_\_\_\_

**38. Termite Control Operations:**

- a. Number of termite inspections per year \_\_\_\_\_
- b. Does Applicant use any non-chemical or any non-standard termite treatments?  Yes  No  
If yes, describe \_\_\_\_\_
- c. Does Applicant treat or inspect structures that have Exterior Insulation and Finish Systems (EIFS) construction?  Yes  No  
If yes, number of homes treated? \_\_\_\_\_  
If no, what procedures are in place to avoid these structures? \_\_\_\_\_
- d. Does Applicant treat/inspect structures for mold?  Yes  No  
If yes, describe extent of operation \_\_\_\_\_
- e. Does Applicant do any mold remediation?  Yes  No
- f. Are state forms completed by inspectors?  Yes  No

**39. Fumigation Operations:**

- a. List the estimated contract volume during the next 12 months for each exposure type:
  - Commercial Structures \$ \_\_\_\_\_
  - Residential \$ \_\_\_\_\_
  - Commodity \$ \_\_\_\_\_
  - Ships/Barges \$ \_\_\_\_\_
  - Aircraft \$ \_\_\_\_\_
  - Agricultural Equipment \$ \_\_\_\_\_
  - Other (describe) \$ \_\_\_\_\_
- b. Check all Fumigants that are used in Applicants operation:
  - Vikane
  - Methyl Bromide
  - Heat Treatment
  - Other \_\_\_\_\_
- c. Number of years Applicants facility has been performing fumigation: \_\_\_\_\_  
Average numbers of years employees performing fumigation have: \_\_\_\_\_
- d. Describe safety practices used with customers: \_\_\_\_\_
- e. Describe standard fumigation procedures: \_\_\_\_\_
- f. Has Applicant received Dow's Commitment to Excellence certificate or any other type of certification?  Yes  No
- g. Explain fumigation training given to employees? \_\_\_\_\_
- h. Describe what supervisory procedures are in place for each fumigation job. \_\_\_\_\_

**40. Wildlife Control:**

- a. What type(s) of animals are controlled/trapped? \_\_\_\_\_
- b. What procedures, products, methods, and equipment (including the use of firearms) are used in controlling/trapping animals? \_\_\_\_\_
- c. What release/extermination/disposal procedures or techniques (including the use of firearms) are used for trapped animals? \_\_\_\_\_

**41. Record Keeping:**

- a. What quality control procedures are in place to ensure technicians complete forms correctly regarding chemical application? \_\_\_\_\_
- b. Are Material Data Safety Sheets kept on file?  Yes  No
- c. Employee Record keeping:  Training  Continuing Ed  Inventory Use
- d. Customer Record Keeping:  Accidents  Complaints  All Contracts  Amount of Pesticide Used

Check the optional coverages requested:  Blanket Additional Insured  Waiver of Subrogation  
 Primary/Non-Contributory  Per Project Aggregate  
 Other \_\_\_\_\_

List the name and address of any Additional Insured endorsements that you are requesting. Explain the relationship that each Additional Insured has to your business.  
 \_\_\_\_\_  
 \_\_\_\_\_

**Employee Benefits Liability:**  Yes  No **Maximum limit is \$1,000,000 Each Claim/\$1,000,000 Aggregate**

List any other coverages or endorsements: \_\_\_\_\_

**Current General Liability Information**

1. Please provide name of carriers, premiums paid, limits, sales, deductibles, and loss runs for the past 5 years.

	YR	YR	YR	YR	YR
Carrier					
Premium					
Payroll					
Ded/SIR					
Losses					

2. Has any company canceled, non-renewed or declined to write your General Liability in the past 5 years?  Yes  No

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

3. Has the insured ever had a lapse in coverage?  Yes  No

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

**Claim Information**

1. Make sure to attach 5 years of currently valued loss runs. (Valued no more than 3 months from date of application.)

2. Do you require staff to report all unusual incidents and are all incident reports reviewed by Management?  Yes  No

**ALL RISKS, LTD.**

NOTICE TO APPLICANTS: THIS APPLICATION MUST BE COMPLETED IN FULL AS THE QUOTE WILL BE BASED SOLELY ON THE INFORMATION PROVIDED, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING 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 THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied. BY SIGNING THIS APPLICATION, THE SIGNOR WARRANTS THAT TO THEIR BEST KNOWLEDGE ALL INFORMATION GIVEN IS TRUE AND ACCURATE.

\_\_\_\_\_  
 Applicant Name (type or print)

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

NOTICE TO PRODUCERS: THE PRODUCER HEREBY WARRANTS THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE.

\_\_\_\_\_  
 Name (type or print)

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 License #