



Pest Control Application
Renewal

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 _____

States where Applicant is Licensed/Certified _____

Scope of Permitted Applications _____

All Equipment Used is Clearly Marked with Applicant's Name? Yes No

Certified Pesticide Applicator License #(s) _____

(Check appropriate box) Commercial or Private? Number of Certified Pesticide Operators? _____

(Check appropriate box) Sole Proprietor Partnership Corporation Other

8. Policy proposed effective date _____ to _____

9. 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

10. Deductible: \$500 \$1,000 \$2,500

11. Lost Key Coverage Requested: (\$50,000 limit with \$1,000 deductible) Yes No

12. List all Pest Control Associations for which the Applicant is a member in good standing: _____

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

Categories	Estimated Annual Sales	# of Employees	Categories	Estimated Annual Sales	# of Employees
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		Radon		
Tree Pruning, Dusting, Spraying, Trimming or Fumigating	Sales Payroll		Building Inspections or Appraisals	\$	
Crop Spraying by Contractor for Orchards or Vineyards	\$		Other (explain)	\$	

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

- Commercial ____%
- Residential ____%
- Food Processor/Restaurants ____%
- Educational/Day Care facility ____%
- Hospital/Medical facility ____%
- Other ____%

15. Has the insured experienced any operational changes (enhanced hiring practices, different notification/follow up procedures, training procedures, etc):

16. **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 License/Certification
- d. Customer Record Keeping: Accidents Complaints All Contracts
 Amount of Pesticide Used and Scope of Application

Check the optional coverages requested: Blanket Additional Insured Waiver of Subrogation
 Primary/Non-Contributory Per Project Aggregate
 Hired/Non-Owned Auto 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: _____

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
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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 #
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