



17. Has Applicant or any affiliated, related or predecessor entity or any officer or owner of any of them:
- a. Ever been convicted of a crime? €Yes €No
  - b. Defaulted on a labor and material bond, performance bond or bid bond or failed to complete or been terminated on any project? €Yes €No
  - c. Ever been or is currently the subject of bankruptcy, reorganization, solvency, dissolution, or other debtor relate proceedings, or has it made an assignment for the benefit of creditors? €Yes €No
  - d. Currently involved in any litigation, administration, or arbitration proceeding(s) or subject to any court or agency order of injunction? €Yes €No
  - e. 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
18. 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
19. 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
20. Are current commercial drivers licenses maintained for all drivers of PLACARDED vehicles? €Yes €No
21. How many vehicles does the Applicant use to transport pesticides? \_\_\_\_\_
22. Does the applicant have any guarantees, warranties or hold harmless agreements for customers? €Yes €No
23. Does Applicant perform building inspections or appraisals, or issue reports or render services or opinions regarding structural integrity, chemical, or air quality or health related mold? €Yes €No
24. 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: \_\_\_\_\_  
 \_\_\_\_\_
25. Does Applicant engage in any drilling operations during pest control application? €Yes €No  
 If yes, what precautions are taken to avoid drilling into service lines (gas, water, etc.)  
 \_\_\_\_\_
26. Do you do any work in multi-unit buildings or residential complexes? €Yes €No
27. Describe any services which are performed by subcontractors \_\_\_\_\_
- a. Are Applicants subcontractors allowed to work without providing a COI? €Yes €No
  - b. Does current subcontractors carry coverages or limits less than Applicants? €Yes €No
28. Does Applicant lease equipment to others with or without an operator? €Yes €No

**EXPLAIN ALL "YES" RESPONSES TO THE FOLLOWING QUESTIONS ON A SEPARATE SHEET: #13, 14, 15, 16, 17, 18, 19, 20,22, 25, 27, AND 28**

29. Pre-employment Screening procedures for employees **(check all that apply)**

- € Employment Application
- € Drug/Alcohol testing
- € Driving record
- € Background Check
- € Verify Prior Experience
- € Applicator License
- € Other \_\_\_\_\_

a. Does Applicant conduct training programs for technicians? €Yes €No

If yes, please describe: \_\_\_\_\_

b. What controls does Applicant have in place to ensure that state training guidelines are practiced?

c. Other (Please Describe): \_\_\_\_\_

**30. 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)                     | \$                     |                |

**31. 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 \_\_\_\_%

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. \_\_\_\_\_

**32. Pesticide Use**

a. Are there written procedures that explain control techniques for each type of pest and their environments? €Yes €No

b. How much stock of chemicals used for pesticide do you have on hand? \_\_\_\_\_

c. What measures are taken to ensure safe pesticide and other chemical storage? \_\_\_\_\_

- d. Are technicians trained on emergency spill control procedures? € Yes € No
- e. List chemicals, pesticides and application methods used: \_\_\_\_\_
- 
- f. What controls does Applicant have for the rinsing and dispensing of pesticide containers? \_\_\_\_\_
- 

**33. Termite Control Operations:**

- a. Number of termite inspections per year \_\_\_\_\_
- b. How much of termite control sales are from damage repairs and carpentry work? \_\_\_\_\_
- c. Does Applicant use any non-chemical or any non-standard termite treatments? € Yes € No  
 If yes, describe \_\_\_\_\_
- d. 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? \_\_\_\_\_
- e. Are state forms completed by inspectors? € Yes € No

**34. 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. How much stock of chemicals used for fumigation do you have on hand? \_\_\_\_\_
- d. What measures are taken to ensure safe storage of all chemicals? \_\_\_\_\_
- 
- e. Number of years Applicants facility has been performing fumigation: \_\_\_\_\_  
 Average numbers of years employees performing fumigation have: \_\_\_\_\_
- f. Does the applicant use tenting as a fumigation process? € Yes € No
- g. Describe standard fumigation procedures: \_\_\_\_\_
- 
- h. Explain fumigation training given to employees? \_\_\_\_\_
- 
- i. Describe what supervisory procedures are in place for each fumigation job.  
 \_\_\_\_\_

**35. 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? \_\_\_\_\_
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- c. What release/extermination/disposal procedures or techniques (including the use of firearms) are used for trapped animals? \_\_\_\_\_
- 
- d. Does the applicant do any bird control or extermination on or near airports? € Yes € No

**36. Bed Bugs:**

- a. Does the applicant conduct bed bug inspections/treatments? € Yes € No
- b. What are their methods of treatment/inspection? \_\_\_\_\_
-

**37. 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 Contract  
€ 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.

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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: \_\_\_\_\_

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

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

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**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 #**