



**ALL RISKS, LIMITED – National Specialty Programs**  
 10150 York Road, 5<sup>th</sup> Floor, Hunt Valley, MD 21030  
 Toll Free: (800) 366-5810  
 Fax: (410) 828-8179  
 Contact us at: [programs@allrisks.com](mailto:programs@allrisks.com)  
[www.allrisks.com](http://www.allrisks.com)

**Pest Control**

Workers Compensation Supplemental

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. Benefits:**

**% paid by employer      % of participation**

- Group Health       Yes     No  
 - Name of health care provider: \_\_\_\_\_
- Paid sick leave       Yes     No
- Vacation       Yes     No
- Retirement / Pension Plan     Yes     No
- CPR training provided     Yes     No

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

**12. 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

**13. Safety Program:**

- a.  Safety program/IIPP complaint with SB 198     Yes     No  
 Return to Light Duty     Yes     No  
 Return to fulltime modified work plan     Yes     No  
 Full time safety Director     Yes     No    Name: \_\_\_\_\_  
 Safety meetings for all employees     Yes     No  
    - Frequency of meetings: \_\_\_\_\_  
 Safety training for all employees     Yes     No  
 Personal protective safety equipment provided     Yes     No  
 Supervisors are held accountable for all injuries     Yes     No  
 Accident investigation program in place     Yes     No  
 Do you have a Health & Wellness program     Yes     No

**14. 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		

- a. Hours of operations: \_\_\_\_\_ to \_\_\_\_\_ Number of daily shifts \_\_\_\_\_
- b. Operations include driving  Yes  No Number of authorized drivers \_\_\_\_\_ No. of drivers \_\_\_\_\_
- c. Types of vehicles driven: \_\_\_\_\_
- d. Driving radius: <50 miles 51-100 101-250 >250
- e. Frequency of MVR checks: \_\_\_\_\_ Participation in s CHP Pull program :  Yes  No
- Driver acceptability standard have been established  Yes  No
  - Vehicles inspection / maintenance program  Yes  No
  - Vehicle maintenance is performed by employees  Yes  No
  - Employees take vehicles home  Yes  No

**15. Pest and Termite Control**

- License number: \_\_\_\_\_ Copy included:  Yes  No
- License class : \_\_\_\_\_ Branch I (fumigation/tenting) \_\_\_\_\_ Branch 2 (general pest control)  
 \_\_\_\_\_ Branch 3 ( Termite & Pest Control)
- Residential: % \_\_\_\_\_ Commercial: % \_\_\_\_\_ Industrial: % \_\_\_\_\_
- Does the insured do fumigation/tenting in house?  Yes  No
- Is fumigation work subbed out?  Yes  No
- Does the insured do outdoor pesticide application?  Yes  No
- Does the insured apply any "restricted pesticides"?  Yes  No
- Are these chemical handled by certified applicators?  Yes  No
- Types of chemicals used: \_\_\_\_\_
- Types of safety equipments used: \_\_\_\_\_
- Are all pesticides stored in their original containers with their EPA-registered labels intact:  Yes  No
- Safety training provided:  Yes  No
- Details: \_\_\_\_\_

- Are employees required to wear masks or protective gearing:  Yes  No
- Formal protective wear available: \_\_\_\_\_
- Does the insured perform and bed bug treatment or inspections:  Yes  No
- If so, what is their method of inspection and treatment?: \_\_\_\_\_
  - Do they use dogs?  Yes  No

**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 #