

1520 Sheridan Drive, Buffalo, New York 14217
(716) 874-1644 (800) 424-2202 Fax: (716) 874-4920

Exterminator Liability Application

Instructions: This entire application must be completed. Read all questions carefully and provide complete answers. Failure to provide complete information will result in delay in consideration of this application. This application is NOT an insurance policy and the COMPANY affording coverage reserves the right to reject any application for any reason. If additional space is needed, attach details to application on a separate sheet of paper. **All applicants must sign each application where indicated.**

A APPLICANT INFORMATION

New Renewal

1 Broker/Agent: Name _____
 Address _____
 City _____ State _____ Zip _____ County _____
 FEIN # _____ SSN# _____
 Telephone _____ Fax _____
 Email _____ Producer Name _____

Proposed Effective Date _____

2 Applicant Name (First Named Insured) _____
 Mailing Address _____
 City _____ State _____ Zip _____ County _____
 FEIN # _____ SSN# _____
 Telephone _____ Fax _____
 Email _____

Category(ies) of License: GHP Commercial Vertebrate Fumigation
 WDI/O L&O Other _____

Business Type: Sole Proprietorship Partnership Corporation LLC Other _____

B LIST OF LOCATIONS: List all locations here (including main location), address, city, state, and zip

3 1 _____
 2 _____
 3 _____

C GENERAL INFORMATION—Explain all "Yes" responses below.

4 Is the Applicant a successor of any other business? Yes No
 5 Does Applicant own or operate any other business? Yes No
 6 Is work done through or by any affiliated or related companies? Yes No
 7 Does Applicant transport hazardous materials/substances in **PLACARDED** vehicles owned, leased, or rented by Applicant? Yes No
If yes, attach procedures and describe all hazardous materials/substances transported.
 8 Do all drivers of **PLACARDED** vehicles maintain current Commercial Drivers Licenses? Yes No

- 9 Is Applicant, or any affiliated, related or predecessor entity currently involved in any litigation, administrative, or arbitration proceeding(s) or subject to any court or agency order of injunction? Yes No
If yes, provide details in Section D.

- 10 Has Applicant, or any affiliated, related, or predecessor entity or any officer or owner of any of them ever been convicted of a crime? **If yes, provide details in Section D.** Yes No

- 11 Has Applicant, or any affiliated, related, or predecessor entity ever defaulted on a labor and material payment bond, performance or bid bond, or failed to complete or been terminated on any project? Yes No
If yes, provide details in Section D.

- 12 Has Applicant, or any affiliated, related, or predecessor entity ever been (or is currently) the subject of bankruptcy, reorganization, solvency, dissolution, or other debtor related proceeding, or has it made an assignment for the benefit of creditors? **If yes, provide details in Section D.** Yes No

- 13 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? **If yes, provide details or attach citation(s).** Yes No

- 14 **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?**
NOTE: THESE SERVICES, REPORTS, AND OPINIONS ARE NOT COVERED. Yes No

D COMMENTS AND DETAILS

15 Use this space to provide details of any questions answered **Yes in Section C** and/or other sections as necessary.

ALL QUESTIONS MUST BE ANSWERED! BLANK RESPONSES MEAN "0" OR "NONE"

E EXTERMINATION CONTRACTING SERVICE—\$ OF RECEIPTS

16 Where are pesticides used for sales & services stored? _____

17 How many years have you been in the pest control industry? _____ Business is _____ years old

If in business less than two years, name and location of previous pest control employer _____

18 Per your last tax return, what were your **gross receipts** \$ _____ Your **annual payroll** \$ _____

19 Breakdown of estimated annual receipts from all operations for which you or someone in your company is licensed. Place check(s) next to the phase(s) in which you are licensed (total from all sources should equal gross receipts reported in 18).

Pest Control \$ _____ Lawn & Ornamental \$ _____

Wildlife Control \$ _____ **Section H Required**

Termite Control \$ _____ **Receipts including treatments, annual renewals, and damage repair services—excludes fumigation and WDI/O (real estate) inspections**

WDI/O Inspections \$ _____ **Receipts from real estate inspections and reports only**
Estimated number of WDI/O inspections/reports (real estate only) performed last year _____

Fumigation \$ _____ **Performed direct/in-house only; heat treatments & other details must be listed on Supplemental Application Page 4A and Sample Copy of Contract Required**

Other Services \$ _____ Explain in Section G _____

Subcontracted Services \$ _____

Subcontracted Costs \$ _____

Net Subcontracted Receipts \$ _____
Explain in Section F and on Page 4A if subcontracted services **include fumigation**

20 What percentage of termite control receipts are from carpentry, damage repair, restoration, etc? _____ %

21 Is the pest control operation a full time business for Applicant? Yes No
If no, what is Applicant's primary occupation? _____

22 Do you sell pesticides in a retail operation? Yes No
Do you reformulate or repackage pesticides for retail sale? Yes No

23 Do you 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 the company? **If yes, explain in Section D.** Yes No

24 Are you a member of any pest control associations? Yes No
If yes, which one(s) _____

25 Do you conduct training programs for technicians? Yes No
If yes, how often? _____

26 Number of employees: Pest Control _____ Termite Control (Treatment) _____ Fumigation _____
WDI/O (Real Estate) Inspection _____ Sales _____ Clerical _____

F SUBCONTRACTED SERVICES

27 Describe any services (fumigation, pest control, termite control, or other services) which are **performed by subcontractors of Applicant**

28 Is Applicant an Additional Insured on the subcontractor's policies? Yes No

G OTHER SERVICES (Explain on Page 4A, Section K "Subcontracted Services" if fumigation services are performed by a subcontractor of Applicant)

29 Does Applicant provide other non-pest control services such as Janitorial, Carpentry, Excavation/Grading, Roofing, Plumbing or General Construction? Yes No

If yes, please describe below; description should include estimated volume of additional annual receipts generated by each non-pest control service

H WILDLIFE CONTROL

30 What type(s) of animal(s) are controlled/trapped?

31 What procedures, products, methods, and equipment (including the use of fire arms) are used in controlling/trapping?

32 What release/extermination/disposal procedures or techniques (including the use of fire arms) are used for trapped animals?

I DEDUCTIBLE DESIRED LIMITS DESIRED

- | | | | |
|----------------------------------|--|--|--|
| <input type="checkbox"/> \$500 | <input type="checkbox"/> \$100,000 | <input type="checkbox"/> \$300,000 | <input type="checkbox"/> \$500,000/1,000,000 |
| <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$100,000/300,000 | <input type="checkbox"/> \$300,000/600,000 | <input type="checkbox"/> \$1,000,000 |
| <input type="checkbox"/> \$2,500 | <input type="checkbox"/> \$200,000/300,000 | <input type="checkbox"/> \$500,000 | <input type="checkbox"/> \$1,000,000/2,000,000 |

Other deductible amounts considered upon request

J CLAIMS HISTORY—LIST HERE OR ON ACORD APPLICATIONS

Have you had any claims **during the past 3 years?** (This includes all claims, whether or NOT reported to your insurer, or whether any payments were made. **Currently valued, three-year loss runs must be attached to application.**

Please list below. Check here if none:

34 Date of Loss	Description of Loss	Amount Incurred \$
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Attach a separate sheet of paper, if necessary.

K PREMIUMS PAID LAST 3 YEARS FOR GENERAL LIABILITY

35 Current Year	Carrier	Premium \$
First Prior Year	Carrier	Premium \$
Second Prior Year	Carrier	Premium \$

M APPLICANT'S SIGNATURE

Any person who knowingly and with intent to defraud any insurance company or another person files an application 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 the person to criminal and (NY:Substantial) civil penalties. (Not applicable in CO, HI, NE, OH, OK, or VT: in DC, LA, ME, and VA, insurance benefits may also be denied.)

By acceptance of an insurance policy based on this application, the Insured agrees that the statements in this application are the Insured's representations, that they shall be deemed material and that the insurance policy is issued in reliance upon the truth of such representations, and that the insurance policy embodies all agreements existing between the Insured and the Company, or any of its agents, relating to this insurance. The Insured acknowledges that this application is a part of the insurance policy and all its terms, conditions, and exclusions that apply form endorsement PCO-00-88-0900.

Applicant's Signature Date

Producer's Signature Date

Fumigation Supplemental Application

Must be completed and signed by Applicant and Producer if Fumigation of any type is performed.

N FUMIGATION CONTRACTING SERVICES—\$ OF RECEIPTS

36 Check types of contracting services Applicant provides, and provide the estimated contract volume during the next 12 months for each.

- Structures and Buildings
 - Residential \$ _____
 - Commercial \$ _____
- Commodity \$ _____
- Ships/Barges \$ _____
- Aircraft \$ _____
- Agricultural Equipment \$ _____
- Other (describe) \$ _____

- Fumigants Used:
- Vikane
 - Methyl Bromide
 - Heat Treatment _____
 - Other _____
- Total Fumigation Receipts \$ _____
- Total Fumigation Payroll \$ _____

37 Fumigation Contractors—Security Provided:

- Security and Safeguard Service is provided continuously from acceptance of risk by Applicant until released back to owner. Describe Acceptance and Return Procedure

Attach a copy of Certificate of Insurance from Security/Safeguard service.

Are locks and 24 hour on site security required by state law or regulation? Yes No

38 Current employee list involved with fumigation—if none, so state:

Owner, Officers & Employee Name	Years Employed	Applicator License #	State	Expiration Date	Categories Licensed
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APPLICANT'S SIGNATURE

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Applicant's Signature _____ Date _____

Producer's Signature _____ Date _____