

## 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) \_\_\_\_\_  
DBA \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_  
FEIN # \_\_\_\_\_ PC License # \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Loss Control Contact \_\_\_\_\_ Accounting Contact \_\_\_\_\_  
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 \_\_\_\_\_

See page two to add additional locations.

### 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 How many vehicles do you use to transport pesticides? \_\_\_\_\_



**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 \_\_\_\_\_

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).

Lawn & Ornamental \$ \_\_\_\_\_

Pest Control \$ \_\_\_\_\_

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 annually \_\_\_\_\_

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

Subcontracted Services \$ \_\_\_\_\_

Subcontracted Costs \$ \_\_\_\_\_

Net Subcontracted Receipts \$ \_\_\_\_\_

Explain in Section F and on Page 4A if subcontracted services **include fumigation** (please provide payroll for this exposure)

Other Services (Payroll) \$ \_\_\_\_\_ Explain in Section G

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 Are you a member of any pest control associations?.....  Yes  No

If yes, which one(s) \_\_\_\_\_

24 Do you conduct training programs for technicians?.....  Yes  No

If yes, how often? \_\_\_\_\_

25 Number of employees: Pest Control \_\_\_\_\_ Termite Control (Treatment) \_\_\_\_\_ Fumigation \_\_\_\_\_

WDI/O (Real Estate) Inspection \_\_\_\_\_ Sales \_\_\_\_\_ Clerical \_\_\_\_\_

**F SUBCONTRACTED SERVICES**

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

\_\_\_\_\_

\_\_\_\_\_

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

28 Does Applicant obtain a waiver of Subrogation from the subcontractor?.....  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**

- |                                          |                                            |                                            |                                                |
|------------------------------------------|--------------------------------------------|--------------------------------------------|------------------------------------------------|
| <b>33</b> <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**

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:

<b>34</b> Date of Loss	Description of Loss	Amount Incurred \$
------------------------	---------------------	--------------------

---



---



---

Attach a separate sheet of paper, if necessary.

**K CARRIER INFORMATION LAST 3 YEARS FOR GENERAL LIABILITY**

<b>35</b> Current Year	Carrier	Premium \$
First Prior Year	Carrier	Premium \$
Second Prior Year	Carrier	Premium \$

## M APPLICANT'S SIGNATURE

**NOTICE TO COLORADO APPLICANTS: THIS NOTICE IS A PART OF YOUR APPLICATION FOR PROFESSIONAL LIABILITY INSURANCE:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO HAWAII APPLICANTS:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment or both.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he/she is facilitation a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS: WARNING:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO UTAH APPLICANTS:** For your protection, Utah law requires the following to be included in this application: "Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison."

For Florida Applicants only: Agent's Name: \_\_\_\_\_ FL License Number: \_\_\_\_\_

**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.**

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:

Table with columns: Owner, Officers & Employee Name, Years Employed, Applicator License #, State, Expiration Date, Categories Licensed

39 Has the insured completed the DOW CTE or other similar program? Yes No
If so, please attach a copy of the certificate.

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.

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.

Applicant's Signature Date
Producer's Signature Date