

LIABILITY APPLICATION FOR PEST CONTROL PROGRAM

1. NAME: _____
(COMPLETE NAME AS IT SHOULD APPEAR ON THE POLICY, INCLUDING INC., CORP., LTD., ETC.)
2. Physical Address: _____
NO. STREET CITY COUNTY STATE ZIP
3. Mailing Address: _____
NO. STREET CITY COUNTY STATE ZIP
4. Policy proposed effective date _____ to _____ (12:01 AM Standard Time at the address above)
5. Check limit of liability desired: \$300,000 \$500,000 \$1,000,000 Excess
6. Phone: _____ Fax: _____
7. Email: _____ Website: _____
8. How did you hear about us? Web surfing Ad in which publication: _____ Other: _____
9. Date established: _____ Corporation Partnership Individual Other: _____
10. Federal ID Number: _____ License Number: _____
11. Principal: _____ Title: _____
12. Person to contact for Audit: _____ Title: _____
13. Total number of employees: _____ Clerical: _____ Techs: _____ Outside Sales: _____
14. Describe training program now in force for non-certified employees:

15. Does training program include a minimum of 4 weeks of on-the-job training with a supervisor? Yes No
16. Do you mix chemicals of others and place your labels on them? Yes No If yes, please give details:

17. What instructions or warnings do you provide at the time of application?

18. Do you make follow-up visits after a pest treatment? Yes No If yes, how long after treatment? _____
19. Do you make follow-up phone calls after a pest treatment? Yes No If yes, how long after treatment? _____
20. Do you provide pre-treatments to new structures? Yes No Chemical(s) used for pre-treatments:

21. Are technicians specially trained for pre-treatment work? Yes No
22. Are label directions for application and chemical amount strictly followed? Yes No
23. Do you provide WDO/WDI inspections? Yes No
- a. Average amount of time spent performing a pest inspection: _____ hours _____ minutes
- b. Number of inspections done annually for real estate closings: _____
24. List your (3) largest clients: 1 _____
2 _____
3 _____

25. Indicate the percentage of the type of clients you serve (must equal 100%):
- | | |
|---------------------------------|--|
| _____ % Commercial/Industrial | _____ % Residential (Private Homes) |
| _____ % Food Processors | _____ % Attached Housing (Apartments, Condominiums, Townhomes, etc.) |
| _____ % Municipalities | _____ % Hospitals/Healthcare Facilities (<i>must complete 25A</i>) |
| _____ % Restaurants | _____ % Schools/Daycare Centers (<i>must complete 25B</i>) |
| _____ % Other (Describe): _____ | |

25A. HOSPITALS/HEALTHCARE FACILITIES SUPPLEMENTAL QUESTIONS:

1. Are treatments provided *inside* facility? Yes No If Yes, please provide a brief narrative of chemicals used and areas serviced.

25B. SCHOOL/DAYCARE SUPPLEMENTAL QUESTIONS:

1. List the names of school/daycare clients:

2. Do you currently treat inside these facilities? Yes No
3. Have you ever in the past treated inside these facilities? Yes No
4. What chemical/products are utilized?

5. List the areas of treatment, inside facility:

6. List the precautions and/or restrictions that are taken when treating for these type of clients:

7. How long have you been treating these type facilities? _____

26. Sales And Chemical Information (Must be Completed)	Estimated Gross Receipts	Estimated Gross Payroll	Chemicals/Products or Baiting Systems Utilized
A. Service as WDO/WDI Inspector only	\$ _____	\$ _____	_____
B. Extermination:			
• Bedbugs (complete #26A if providing Bedbug Treatments)	\$ _____	\$ _____	_____
• Insects	\$ _____	\$ _____	_____
• Rodents	\$ _____	\$ _____	_____
• Termites	\$ _____	\$ _____	_____
• Mosquitoes	\$ _____	\$ _____	_____
C. Landscape Gardening (laying out grounds, planting trees, shrubs, flowers, etc.)	\$ _____	\$ _____	_____
D. Tree/Shrub or Lawn Spraying, Dusting (license required to apply chemicals used)	\$ _____	\$ _____	_____
E. Lawn Care (mowing, edging, fertilizing, using over the counter chemicals)	\$ _____	\$ _____	_____
F. Fumigation	\$ _____	\$ _____	_____
G. Other Operations (Specify): _____	\$ _____	\$ _____	_____
H. Subcontracted Work	\$ _____	\$ _____	_____

Cost (actual amount paid to subcontractor):

26A.1. Where is insured providing bedbug eradication treatments? (i.e. private homes, apartments, hotels, etc.):

26A.2. Method used to eradicate bedbugs? (i.e. chemicals, heat, freezing, etc.) If chemicals, please list chemicals used:

26A.3. Experience of technicians and/or owner as respects to bedbug eradication treatments?

26A.4. Do you have a specific contract in place for bedbug treatment services? Yes No

Does the contract provide any warranties or guarantees as respects to bedbug treatments? Yes No

Does the contract indicate multiple treatments may be required? Yes No

27. Do you own or operate any other enterprise? Yes No If yes, please provide details of operations and advise if insured separately:

28. Are any persons performing services under your name as Independent Contractors? Yes No If yes, please describe operation and relationship:

29. a. General liability insurer and claims history for past three years. *(Even if there are no losses, please provide insurer history.)*

Company	Policy No.	Policy Dates	Limits of Liability	Deductible	Premium	No. of Claims	Loss Reserve Amount

b. Name of present Insurance Company: _____ Expires on: _____

c. Has insurance ever been cancelled or non-renewed? Yes No If yes, explain:

30. Describe procedures for disposal of empty containers and disposal of unused products:

31. Describe all spill control procedures:

32. Do you engage in any drilling operations as regards to pesticide applications? Yes No If yes, what precautions are taken to avoid drilling into service lines (i.e. gas, water, oil, etc.)?

