



**Allen Financial Insurance Group**  
 13880 N. Northsight Blvd., Suite  
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 Toll Free: (800) 874-9191  
 Fax: (602) 992-8327  
 Contact Us: www.eqgroup.com

## PEST CONTROL SERVICES – SUPPLEMENTAL APPLICATION

### GENERAL INFORMATION

Applicant's Name: \_\_\_\_\_  
 (Complete company name as it should appear on the policy, including Inc., Corp., Ltd., etc.)

Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Location Address: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_  
 Contact for Inspection/ Audit: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_  
 Website Address: www. \_\_\_\_\_  
 FEIN: \_\_\_\_\_ License number: \_\_\_\_\_  
 Risk Management Contact: \_\_\_\_\_ Risk Management's Phone: \_\_\_\_\_  
 Risk Management's Email: \_\_\_\_\_

### GENERAL UNDERWRITING

1. Desired effective date: \_\_\_\_\_
2. Prior insurance carrier: \_\_\_\_\_  
 Prior year's receipts: \$ \_\_\_\_\_ Prior year's premium: \$ \_\_\_\_\_
3. How long has the Applicant been in business? \_\_\_\_\_  
 Have there been any changes in ownership, name or business operations in the last three years? Yes No  
 If yes, please explain: \_\_\_\_\_
4. Is the owner active in the business? Yes No  
 Please describe duties: \_\_\_\_\_
5. List Applicant's three (3) largest clients:  
 a. \_\_\_\_\_  
 b. \_\_\_\_\_  
 c. \_\_\_\_\_
6. Who are the Applicant's customers? (Provide percentage)  
 Commercial: % \_\_\_\_\_ Residential: % \_\_\_\_\_
7. Is the Applicant a member of the Pest Control Association? Yes No  
 If yes, which state(s) is Applicant a member of? \_\_\_\_\_
8. Does the Applicant engage in any business other than pest control? Yes No  
 If yes, explain: \_\_\_\_\_
9. Does the Applicant 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.) \_\_\_\_\_
10. Are warnings posted prior to work performed? Yes No
11. How long does the Applicant maintain records on work performed? Yes No

12. Describe procedures used by the Applicant to ensure subcontractors are adequately insured and supply proof of insurance to the Applicant:
13. Does the Applicant provide WDO/ WDI inspections? Yes No  
 a. Average amount of time spent performing a pest inspection: Hours Minutes  
 b. Number of inspections performed annually for real estate closings:
14. Has the Applicant ever performed treatments or inspections to homes constructed with any type of exterior insulation finishing system or synthetic stucco system? Yes No  
 If yes, number of homes treated:  
 If no, how does the Applicant avoid treating such structures:
15. Are all areas of buildings with wet pipe sprinkler systems (hidden or unhidden) maintained at a minimum temperature of 40° F, and / or provided with proper insulation or heat tracing to prevent pipe freeze-ups? N/A Yes No

<b>BEDBUG TREATMENT AND INSPECTION</b>	<b>N/A</b>
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1. Describe the detection method. If dogs are used, how many?
2. Describe the inspection, treatment and elimination procedures:
3. Does the Applicant use heat treatments? Yes No  
 If yes, complete questions a through e:  
 a. Prior to conducting the work, are applicable fires codes and local ordinances checked regarding the use of portable heaters, existence of fire suppression systems and other heat treatment related concerns? Yes No  
 b. Is the heat treatment equipment inspected prior to use? Yes No  
 c. What steps are taken to protect the fire suppression systems that are present at a job site?
- d. Are objects and flammables removed from the treatment area? Yes No  
 e. Is a pre-work checklist completed and signed by the technician prior to completing the work? Yes No  
 If yes, please attach a copy.
4. Are inspections/ treatments/ eliminations done on any commercial entities, such as hotels/ motels, apartment complexes or other multi-residential buildings? Yes No  
**If yes, Applicant must provide a copy of its commercial bed bug contract indicating no warranties or guarantees are provided.**

<b>PERSONNEL/ TRAINING</b>
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1. How many employees (excluding owners) are employed?  
 Clerical:                      Technicians:                      Sales:                      Total:
2. Describe the Applicant's training program:
3. Are all technicians licensed and certified? Yes No  
 If no, please explain why they are not:

4. What pre-employment screening procedures are being done on new hires?

**SALES AND CHEMICAL INFORMATION**

Operations and Services	Estimated Gross Receipts	Estimated Gross Payroll
Insects	\$	\$
Rodent	\$	\$
Termite Treatments	\$	\$
WDO/ WDI inspections	\$	\$
Mosquitoes	\$	\$
Bed bugs – Commercial	\$	\$
Bed bugs – Residential	\$	\$
Lawn Care Services including Spraying and Fertilizing	\$	\$
Tree Trimming & Fumigation, including Spraying and Repair	\$	\$
Fumigation*	\$	\$
Radon testing	\$	\$
Other operations (specify below)**	\$	\$
Subcontracted work	\$	\$
Cost (actual amount paid to subcontractor): \$		

1. What is the total receipt amount: \$
2. What is the total payroll amount: \$

\* If fumigation is included, describe fumigation process and chemicals used:

\*\* Other Operations Descriptions:

**CHEMICALS**

1. Are chemicals stored and handled as received from the manufacturer? Yes    No  
If no, what alterations are made prior to use:
  
2. Are chemicals stored in manufacturers' containers in a separate building? Yes    No  
If yes, describe building:
  
3. Describe precautions used by the Applicant to secure chemicals.
  
4. Does the Applicant engage in retail sale of chemicals or other pest control items? Yes    No  
If yes, describe the products being sold:
  
5. Is there any alteration of manufacturer chemicals prior to sale to consumers? Yes    No
6. What is the total volume of retail sales: \$

**FLEET MANAGEMENT**

1. How many vehicles are used to transport chemicals:
2. What is the total volume stored in any one vehicle:
3. Does the Applicant have a standard operating procedure for containment of chemicals in the event of an auto collision or overturn vehicle? Yes    No
4. Does the Applicant's organization utilize GPS fleet telematic devices? Yes    No  
 If yes, please check off the fleet telematics being utilized:  
 Plug in            Hard wired            Mobile Phone            Other:
5. What percentage of the Applicant's fleet is provided with these fleet telematics devices? %
6. Does the Applicant have a formal driving policy in place with MVR standards? Yes    No  
 If yes:
  - a. Is driving policy communicated in writing to all employees? Yes    No
  - b. Is a signed acknowledgement form kept on file? Yes    No  
 If yes, please provide a copy of signed acknowledgement.
  - c. Do driving standards include the following:
    - No major violations including DUI, racing, hit and run, manslaughter, speeding in excess of 20 mph over posted speed limit? Yes    No
    - No more than 2 moving violations within past 3 years? Yes    No
    - No more than 1 at fault accident within past 3 years? Yes    No
7. How often does the Applicant check MVR reports?
8. Does the Applicant allow any newly hired drivers to operate vehicles without going through a company-specific documented driver training? Yes    No
9. Describe any ongoing training provided to drivers:
  
10. Does the Applicant allow employees to drive personal vehicles for company purposes? Yes    No  
 If yes:
  - a. Are the driving policy and standards for these drivers the same as in questions 6-8? Yes    No
  - b. Does the Applicant require these employees to have adequate personal insurance limits? Yes    No

**FRAUD STATEMENT AND SIGNATURE SECTIONS**

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company \* in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

\*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

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**FRAUD NOTICE STATEMENTS**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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 THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). **(NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PA, RI, TN, VA, VT, WA AND WV).**

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**APPLICABLE IN COLORADO:** 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.

**APPLICABLE IN FLORIDA AND OKLAHOMA:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY (IN FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

**APPLICABLE IN KANSAS:** AN ACT COMMITTED BY ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO.

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NAME (PLEASE PRINT/TYPE)

TITLE  
(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)

SIGNATURE

DATE

**SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT**

PRODUCER  
(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER  
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ADDRESS (STREET, CITY, STATE, ZIP)  
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## CYBER SECURITY LIABILITY ENDORSEMENT – SUPPLEMENTAL QUESTIONNAIRE

Name of Applicant:  
 Address of Applicant:  
 City: State: Zip:  
 Website: www:  
 Nature of Operations:

1. Annual sales or revenue: \$
  
2. Does the Applicant collect, store or otherwise handle any Personally Identifiable Information (PII) belonging to customers, clients, or other third parties, other than employees? Yes No  
 If yes, please indicate the types of Personally Identifiable Information held (check all that apply):
  - a. Social Security Numbers, Bank or Other Financial Account Details, Driver's License or other State Identification Numbers
  - b. Non-public Medical or Healthcare Data, including Protected Health Information (PHI)
  - c. Credit or Debit Card Information
  
3.
  - a. During the last three (3) years, has anyone alleged that the Applicant was responsible for damage to their computer system(s) arising out of the operation of the Applicant's computer system(s)? Yes No
  - b. During the last three (3) years, has anyone made a demand, claim, complaint, or filed a lawsuit against the Applicant alleging invasion or interference of rights of privacy or the inappropriate disclosure of Personally Identifiable Information (PII)? Yes No
  - c. During the last three (3) years, has the Applicant been the subject of an investigation or action by any regulatory or administrative agency for privacy-related violations? Yes No
  - d. Is the Applicant aware of any circumstance that could reasonably be anticipated to result in a claim being made against them for the coverage being applied for? Yes No

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