



PEST CONTROL SERVICES GENERAL LIABILITY APPLICATION

Named Insured: _____

(Complete Name as it should appear on the Policy, Including Inc., Corp., LTD., Etc.)

Mailing address: _____

Location address: _____

Telephone number: _____

Contact for Inspection / Audit: _____

E-mail address: _____

FEIN: _____ License number: _____

SECTION I – GENERAL UNDERWRITING

1. Desired effective date: _____

2. Limit of Liability desired:

\$300,000 \$500,000 \$1,000,000 Excess (Umbrella needs ACORD application)

3. General Liability deductible (minimum \$1,000): \$ _____

4. Prior insurance carrier: _____

Prior year's receipts: \$ _____

Prior year's premium: \$ _____

5. How long has the Applicant been in business? _____

Have there been any changes in ownership, name or business operations in the last three (3) years? If yes, explain: Yes No

6. Is the owner active in the business? Yes No

Duties: _____

7. List Applicant's three (3) largest clients:

1. _____

2. _____

3. _____

8. Who are the Applicant's customers? (Provide percentage)

Commercial: _____ %

Residential: _____ %

9. Is the Applicant a member of the Pest Control Association? Yes No

If yes, which state(s) is Applicant a member of?

10. Does the Applicant engage in any business other than pest control? Yes No

If yes, explain:

11. 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.)?

12. Are warnings posted prior to work performed? Yes No

13. How long does the Applicant maintain records on work performed? _____

14. Describe procedures used by the Applicant to ensure sub-contractors are adequately insured and supply proof of insurance to the Applicant:

15. 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 done annually for real estate closings: _____

16. 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 do you avoid treating such structures: _____

17. IF TERMITE BAITING SYSTEMS ARE USED, PLEASE COMPLETE THE FOLLOWING:

A. Brand of baiting system: _____

B. Are customers told or given written guidelines explaining the time frame between bait transfer and colony elimination? Yes No

C. Are technicians trained by a system manufacturer as to the use of the baiting system? Yes No
If no, what type of training do technicians receive: _____

D. Is there a written log to confirm that the technician acted in accordance with the manufacturer specifications and instructions on all accounts? Yes No

SECTION II - SALES AND CHEMICAL INFORMATION (MUST BE COMPLETED)

1. List chemicals normally used by the Applicant:

2. Does the Applicant mix chemicals of others and place their labels on them? Yes No
If yes, explain: _____

3. Does the Applicant engage in retail sale of chemicals? Yes No

4. What is the total volume of retail sales? \$ _____

	Estimated Gross Receipts	Estimated Gross Payroll	Chemicals/Products or Baiting Systems Utilized
Service as WDO / WDI inspector only	\$	\$	
Extermination:	\$	\$	
• Insects	\$	\$	
• Rodent	\$	\$	
• Termites	\$	\$	
• Mosquitoes	\$	\$	
Landscape gardening, pruning, repairing, etc.	\$	\$	
Tree/Shrub or lawn spraying, dusting, etc.	\$	\$	
Fumigation*	\$	\$	
Radon testing	\$	\$	
Other operations (specify):	\$	\$	
Sub-contracted work	\$	\$	
Cost (actual amount paid to sub-contractor):	\$		

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

SECTION III – STORAGE OF CHEMICALS

1. Are chemicals stored and handled as received from the manufacturer? Yes No
If no, what alterations are made prior to sale? _____

2. How are chemicals stored?
 Aboveground tanks Underground tanks Other: _____

3. Are premises controlled regarding customer access to chemical storage areas? Yes No

4. Are chemicals stored in manufacturers' containers in a separate building? Yes No
If yes, describe building: _____

5. Describe precautions used by the Applicant to secure chemicals at their business.

What is the maximum volume of chemicals stored at Applicant's business or location where chemicals are stored? _____

6. Describe precautions used by the Applicant to secure chemicals at customers business.

What is the maximum volume of chemicals stored at Applicant's business? _____

SECTION III - TRANSPORTATION

1. What is the radius of transportation of chemicals? _____
2. How many vehicles are used to transport chemicals? _____
3. What is the maximum volume per container that chemicals are stored in? (i.e. – 55 gallon drum)

4. What is the total volume stored in any one vehicle? _____
5. Describe the method of securing chemical containers while in transit: _____
6. Do you have a standard operating procedure for containment of chemicals in the event of an auto collision or overturn vehicle? Yes No
Please explain:

SECTION III – PERSONNEL / TRAINING

1. How many employees (excluding owners) are employed?
Clerical: _____ Technicians: _____ Sales: _____ Total: _____
Annual payroll: \$ _____
2. What training is provided for non-certified employees?

3. Does training program include a minimum of four (4) weeks of on-the-job training with a supervisor? Yes No
4. Are new employees supervised until training is complete? Yes No

Provide any further information to assist the company in underwriting your application:

Fraud Notice

NOTICE TO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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 MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME.

NOTICE TO MINNESOTA AND OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING 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 NEBRASKA AND OKLAHOMA APPLICANTS: 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 PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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 SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO FLORIDA APPLICANTS: 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 OF THE THIRD DEGREE.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO MAINE AND VIRGINIA APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: "WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

NOTICE TO NEW MEXICO APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES."

NOTICE TO TENNESSEE APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

Insured Signature: _____ Date: _____
Agent Signature: _____ Date: _____

**Allen Financial Insurance Group
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