



**GROWERS' SERVICES PROGRAM**

**PEST AND WEED CONTROL SPRAYING  
SUPPLEMENTAL APPLICATION**

**A. PROPOSED APPLICANT**

- 1. Name of Applicant: \_\_\_\_\_
- 2. Principal Business Address: \_\_\_\_\_

**B. SERVICE ACTIVITIES AND SPECIALTY**

- 1. a. Pest Control Business License Number: \_\_\_\_\_
- b. Other License Numbers and Description: \_\_\_\_\_
- 2. a. Professional Staffing:
  - i. Owners and Partners: ..... # \_\_\_\_\_
  - ii. Employees That Are Licensed Applicators: ..... # \_\_\_\_\_
  - iii. Unlicensed Employees: ..... # \_\_\_\_\_
- b. Are all Licensed Staff current on their Continuing Education requirements?    Yes    No
- 3. Does the Applicant:
  - a. Spray both Pesticides and Herbicides? .....    Yes    No
  - b. Utilize separate tanks for Pesticides and Herbicides? .....    Yes    No
- 4. a. Are "Restricted Use" Chemicals used? \_\_\_\_\_    Yes \*    No
  - \* **If yes**, list the "Restricted Use" chemicals: \_\_\_\_\_
- b. What Non-Restricted Use Chemicals are primarily used: \_\_\_\_\_

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5. Estimated percentage **Past Fiscal Year Gross Receipts** from the following categories:
- |  |                     |
|--|---------------------|
| a. Residential Spraying for Pests and Weeds: .....   | _____ %             |
| b. Commercial Spraying for Pests and Weeds: .....    | _____ %             |
| c. Mosquito Abatement for Government Agencies: ..... | _____ %             |
| d. Rodent\Wildlife Control: .....                    | _____ %             |
| e. Structural Pest Control: .....                    | _____ %             |
| f. Aquatic Spraying: .....                           | _____ %             |
| g. Sale of Chemicals .....                           | _____ %             |
| h. Other(s), List: _____                             | _____ %             |
| <b>TOTAL</b>   | <b><u>100</u></b> % |

6. Is the Applicant a current member of a Trade Group or Professional Association?  Yes \*  No

\* **If yes**, list the name of the group: \_\_\_\_\_

**NOTICE TO APPLICANT – PLEASE READ CAREFULLY**

It is hereby understood and agreed that the information provided above is true and correct, is material to the Insurer in deciding whether to issue its policy to the Applicant. Further, if such information is false or incomplete, it may constitute a misrepresentation that will: (a) permit the Insurer to modify the terms and conditions of the policy issued to the Applicant (including without limitation to excluding any claim arising from or relating to the false information or non-disclosure): or, (b) void the policy.

**Must be signed and dated by owner, partner or senior officer.**

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Date: Mo/Day/Yr)

\_\_\_\_\_  
(Print or Type Name & Title)