

APPLICATION FOR PEST-CONTROL SERVICES

- 1) Name of applicant: _____
 Street address: _____
 City: _____ State _____ Zip: _____
- 2) Individual Corporation Partnership Other (Explain): _____
- 3) Please show number of: Partners/Owners: _____ Full-time staff _____ Part-time staff: _____
 Other: _____
- 4) Number of years in business: _____ Number of years experience: _____ License
 class/number: _____
- 5) Annual gross sales: \$ _____
- 6) Annual payroll: \$ _____
- 7) Does applicant subcontract work to others? Yes No If yes, what type of work? _____
 Annual cost of subs: \$ _____

Are certificates of insurance obtained? Yes No Are subs required to carry CGL and
 Workers Compensation? Yes No At what limits? _____

- Do you require them to name you as an additional insured on their policy? Yes No
- 8)

Operations	% done by you/your employees	% subcontracted out	Not done
Termite inspections without treatment			
Termite treatment			
Exterminating			
Fumigation			
Crop dusting/spraying			
Tenting			
Carpentry			
Other (please describe)			
TOTAL (must equal 100%)			

Residential: _____ % Commercial: _____ % Industrial: _____ %

- 9) Does or has the applicant used EPA "restricted use" pesticides? Yes No
- 10) Provide details of chemical storage and EPA number:

Are storage areas locked? Yes No Are warning signs posted? Yes No
 Are flammable pesticides stored in a fire resistive cabinet or shed? Yes No

- 11) Limits of Liability requested:

General Aggregate \$ _____
 Products & Completed Operations Aggregate \$ _____
 Personal & Advertising Injury \$ _____
 Each Occurrence \$ _____
 Fire Damage Legal Liability \$ _____
 Medical Expenses \$ _____

Wood Destroying Organism Inspection Coverage: \$ 50,000/\$100,000 included at no charge

Property Damage Coverage Extension:		Lost Key Coverage:	
Check one	Premium	Check one	Premium
<input type="checkbox"/> \$5,000/\$25,000	included	<input type="checkbox"/> \$5,000/\$5,000	included
<input type="checkbox"/> \$10,000/\$25,000	\$75	<input type="checkbox"/> \$10,000/\$25,000	\$50
<input type="checkbox"/> \$25,000/\$25,000	\$100	<input type="checkbox"/> \$25,000/\$25,000	\$75
<input type="checkbox"/> \$50,000/\$50,000	\$125		
<input type="checkbox"/> \$100,000/\$100,000	\$150		

12) Deductible: \$ _____ per claim (\$250 minimum)

13) Property information (if applicable):

Building: Construction type: _____ Protection class: _____ Year built: _____

Year of update: Wiring _____ Plumbing _____ Heating _____ Roof _____

Protective Safeguards: Sprinklers _____ % Smoke detectors: Yes No

Fire Alarms Yes No If yes, central station _____ or local gong _____?

Burglar Alarm Yes No If yes, central station _____ or local gong _____?

Subject of Insurance	Amount	Co-Ins%	Valuation	Causes of Loss	Deductible
Building					
Business Personal Property					
Tool Floater*					

*Any one floater item valued over \$1,000 must be scheduled.

14) Additional insureds-describe interests: _____

15) Prior insurance information. If no prior insurance, check here.

Year (3 Years)	Insurance Company	Premium	Loss		Open/Closed
			\$ Paid	\$ Reserve	

Loss descriptions: _____

16) Is the applicant or any other person for whom insurance is being requested aware of any circumstances which may result in a claim? Yes No

17) Has the applicant or any other person for whom insurance is being requested had their insurance policy cancelled or non-renewed in the past 3 years? Yes No If yes, provide details: _____

18) Proposed effective date: _____