



**PEST CONTROL/EXTERMINATOR SERVICES
GENERAL LIABILITY SUPPLEMENTAL APPLICATION**

ALL QUESTIONS MUST BE ANSWERED IN FULL AND APPLICATION MUST BE SIGNED AND DATED BY INSURED.

Named Insured _____

Mailing Address _____
Street City County State Zip Code

Limits Requested

Limited Coverage – Wood Destroying Organisms (mandatory for termite work)

Indicate limits requested: \$ _____ Occ \$ _____ Agg.

(Submit over \$100/300 for pricing)

Deductible

\$500 Minimum Property Damage Deductible is required.

- 500 750 1,000 1,500 2,000 2,500

1. Do you do termite work? Yes No
 If yes:
 a. Inspection without Treatment (% of total sales) _____
 b. Inspection with Treatment (% of total sales) _____
2. Do you perform bed bug eradication? Yes No
 a. If yes, what % of receipts. _____
 b. Describe process, chemicals used.

3. Is there any record of suspension, warning, or other activity due to failure to meeting licensing requirements?
 Yes No If yes, please explain: _____

4. Provide the names and certification information for all applicators:

Name	Years Experience	Certified Commercial Applicators License	Duties
		<input type="checkbox"/> Yes <input type="checkbox"/> No State _____ Lic # _____	
		<input type="checkbox"/> Yes <input type="checkbox"/> No State _____ Lic # _____	
		<input type="checkbox"/> Yes <input type="checkbox"/> No State _____ Lic # _____	
		<input type="checkbox"/> Yes <input type="checkbox"/> No State _____ Lic # _____	

5. Loss Prevention Control – Procedures established for:
 - a. Employees: Screening Yes No
 Training Yes No
 Supervised by licensed operator Yes No
 - b. Record keeping (documentation of chemical application including customer name and location, chemicals used, amounts applied, and date of application). Yes No
 - c. Equipment, waste, storage container maintenance/disposal. Yes No
 - d. Emergencies/Incidents Yes No
6. Describe the training program for non-certified employees. _____

7. Do you require employees who apply chemicals to be certified pesticide applicators? Yes No
8. Do you make follow-up visits after a pest treatment? Yes No
If yes, how long after treatment? _____
9. Do you make follow-up phone calls after a pest treatment? Yes No
If yes, how long after treatment? _____
10. Have you ever performed treatments or inspections to homes constructed with any type of exterior insulation finishing or synthetic stucco system? Yes No If yes, number of homes treated. _____ If no, how do you avoid treating such structures? _____
11. Do you provide pre-treatments to new structures? Yes No Chemicals used for pre-treatments. _____
12. Are technicians specially trained for pre-treatment work? Yes No
13. Are label directions for application and chemical amount strictly followed? Yes No
14. Are there any operations involving fumigating, crop spraying or radon analysis? Yes No
If yes, explain: _____
15. What is the average value of chemical inventory? \$ _____
16. Does applicant exterminate other than insects or small household pests? Yes No
If yes, please explain: _____
17. Indicate the percentage of the type of clients you serve (must equal 100%):
- | | |
|--------------------------------|--|
| _____ % Commercial/Industrial | _____ % Residential |
| _____ % Food Processors | _____ % Restaurants |
| _____ % Municipalities | _____ % Hospitals/Health Care Facilities (17A) |
| _____ % Pre-treatments | _____ % Schools/Day Care Centers (17B) |
| _____ % Other (Describe) _____ | |
18. Do any operations involve propane, oxygen or heat? Yes No
If yes, explain: _____
19. Does applicant perform bird control/extermination at or near airports? Yes No
20. Does applicant install and/or repair insecticide misting systems? Yes No
21. Does applicant have other business ventures for which coverage is not requested? Yes No
If yes, please explain and advise where insured. _____

FRAUD STATEMENTS

FLORIDA: 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. Refer to the Core Application for all Fraud Statements.

SIGNATURES

Applicant's Signature Title Date

Producer's Signature Date