

## Pest Control Operations Supplemental Application

\*To be able to save this form after the fields are filled in, you will need to have Adobe Reader 9 or later. If you do not have version 9 or later, please download the free tool at: <http://get.adobe.com/reader/>.

**Instructions:** All questions must be answered. This application must be signed and dated by an owner, officer or partner. Please read carefully the statements at the end of this application.

### Section I – Applicant Information

Name of Applicant: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 P.O. Box: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Website: \_\_\_\_\_  
 State(s) / Area of Operation: \_\_\_\_\_ Licensed for Business in State(s): \_\_\_\_\_  
 Years in Business: \_\_\_\_\_ Contractor License #: \_\_\_\_\_  
 Name of Licensed Pest Control Operator/Applicator: \_\_\_\_\_  
 Are you a member of any pest control association?  Yes  No  
 If YES, which one(s)? \_\_\_\_\_

### Section II – Eligibility Criteria

1. The owner has been in business for the past three (3) years  True  False
2. The applicant's cost of subcontractors does not exceed 25% of gross receipts  True  False
3. No past, pending or planned bankruptcy or judgments for unpaid taxes against the named insured or any officer, partner, member or owner of the applicant individually within the past (5) years  True  False
4. The applicant **does not** performs the following:
  - a. Aerial Pesticide Application  True  False
  - b. Agricultural Plant/Animal Pest Control  True  False
  - c. Aquatic Pest Control  True  False
  - d. Bird Control/Extermination on or near airports  True  False
  - e. Crop Application – Spraying or Treatment  True  False
  - f. Demonstrate/Research Pest Control  True  False
  - g. Forest Pest Control  True  False
  - h. Fumigation involving tenting  True  False
  - i. Home Inspections  True  False
  - j. Inspection and/or treatment for mold, fungus, etc  True  False
  - k. Mixing or compounding of chemicals or products by, or at the direction of, an insured for the purpose of sale to others  True  False
  - l. Products manufactured, labeled, packaged by, or at the direction of, an Insured  True  False
  - m. Radon Analysis or Remediation  True  False

### Section III – Exposure History

1. Please provide historical receipts, payroll and cost of subcontracted work.

Year	Annual Gross Receipts	Employee Payroll	Subcontractor Costs
5th Prior Year	\$	\$	\$
4th Prior Year	\$	\$	\$
3rd Prior Year	\$	\$	\$
2nd Prior Year	\$	\$	\$
Current Year	\$	\$	\$
Projected Next 12 months	\$	\$	\$

## Section IV – Type of Work Performed

1. Please indicate the percentage of clients that fall into the following categories:

Commercial: \_\_\_\_\_ % Residential: \_\_\_\_\_ % Food Processor/Restaurant \_\_\_\_\_ %

Hospitality/Medical Facility: \_\_\_\_\_ % Educational/Daycare Facility: \_\_\_\_\_ %

Other: \_\_\_\_\_ %

2. Category(ies) Licensed in which to do business:

General Household Pest

Commercial Vertebrate

Termite

WDI/O

Fumigation

Lawn & Ornamental

Other: \_\_\_\_\_

## Section V – Description of Operations

1. Please provide Gross Receipts and Payroll (including casual labor) for each trade performed by the applicant.

Operations	Estimated Gross Receipts	Estimated Gross Payroll
Services as WDO/WDI inspector only	\$	\$
Extermination:		
• Insects	\$	\$
• Rodent/Animal Removal	\$	\$
• Termites	\$	\$
• Mosquitoes	\$	\$
• Bed Bugs – Commercial	\$	\$
• Bed Bugs – Residential	\$	\$
Landscape, Gardening, Pruning, Repairing, etc.	\$	\$
Tree, Shrub or Lawn Spraying, Dusting, etc.	\$	\$
Fumigation*	\$	\$
Carpentry/Repairs	\$	\$

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

2. Any operations in any classes other than those listed above?  Yes  No

**If YES, provide details, gross receipts and payroll:**

3. **Termite/WDI**

a. Does Applicant engage in any drilling operations during pest control application?  Yes  No

**If YES, what precautions are taken to avoid drilling into service lines: (i.e., gas, water, oil, etc.):**

b. Do you perform termite damage repair?  Yes  No

**If YES, what percentage of termite work is repair work?**

c. Do you perform home inspections?  Yes  No

4. **Wildlife**

a. Do you perform large animal control (such as alligators, bears, wild boars, wild cats, etc.)?  Yes  No

**If YES, please describe:**

b. What release/extermination/disposal procedures are used for trapped animals?

c. Are any firearms used for wildlife control?  Yes  No

**If YES, type and caliber:** \_\_\_\_\_

d. Do you perform repair work for animal damage?  Yes  No

## Section V – Description of Operations (continued)

### 5. Bed Bugs

- a. Experience of technicians and/or owner regarding bed bug eradication treatments:

- b. Describe the detection, treatment and elimination procedures:

- c. Are inspections/treatments/eliminations performed on any commercial entities such as hotels/motels, apartment complexes and other multi-residential buildings?  Yes  No
- d. Does the applicant use heat treatments?  Yes  No

**If YES, please complete the following:**

- Prior to conducting work, are applicable fire codes & local ordinances checked regarding the use of portable heaters, existence of fire suppression systems and other heat treatment-related concerns?  Yes  No
- Is the heat treatment equipment inspected prior to use?  Yes  No
- What steps are taken to protect the fire suppression systems that are present at a job site?  
\_\_\_\_\_
- Is a pre-work checklist completed and signed by the technician prior to completing the work?  Yes  No
- Do you have a specific contract in place for bed bug treatment services?  
If YES, does the contract provide any warranties or guarantees regarding bed bug treatments?  Yes  No

6. Does the applicant provide interstate or highway right-of-way maintenance work?  Yes  No

**If YES, please complete the following:**

- a. Does the equipment used have a regular maintenance schedule?  Yes  No
- b. Are guards in place to protect passing motorists and pedestrians from flying rock/debris?  Yes  No
- c. Has there been any prior losses involving flying debris in this type of work?  Yes  No
- d. Does this type of maintenance work involve any landscaping, erosion control or mowing?  Yes  No
- e. How many years of experience do you have in this type of work? \_\_\_\_\_

7. Does the applicant use foam pesticides?  Yes  No

**If YES, please complete the following:**

- a. What types of pesticide applicator units do you use?  Can  Hand pumps  Compressed air
- b. What precautions are taken to prevent foam from seeping into unintended areas? \_\_\_\_\_

8. Does the applicant use EPA "restricted use" pesticides?  Yes  No

**If YES, please complete the following:**

- a. What is the applicant's EPA license number? \_\_\_\_\_
- b. When and where are these chemicals used? \_\_\_\_\_
- c. Why is it necessary to use EPA "restricted use" pesticides? \_\_\_\_\_

9. Are chemicals stored in NFPA approved containers?  Yes  No

**Provide details of storage:** \_\_\_\_\_

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

10. Are label directions for application and chemical amount strictly followed?  Yes  No

11. Has the applicant acted in the capacity of a General Contractor and/or Construction Project Manager on new ground-up residential construction (defined as apartments, condos, co-ops, homes or townhomes) in past 10 years?  Yes  No

12. Does applicant have any contracts with new home developers or new home builders for the treatment or inspections of homes?  Yes  No

**If YES, please provide details on the number of contracts, number of homes per contract and specific duties (i.e., pest control, termite inspection, etc.) for each contract:**

## Section VI – Liability Controls / Risk Transfer

1. Does applicant subcontract work?  Yes  No  
**If YES, please complete the following:**
- a. Describe the type of work that is subcontracted: \_\_\_\_\_
- b. Annual subcontracting costs: \$ \_\_\_\_\_
- c. A.I.A. Standards followed when establishing contracts with subcontractors?  Yes  No
- d. Certificates of Insurance required from all subcontractors prior to starting work?  Yes  No
- e. Hold Harmless and Indemnification Agreements required for all subcontractors?  Yes  No
- f. Subcontractors required to carry primary limits equal to or greater than insureds?  Yes  No
- g. Subcontractors required to have their own Workers' Compensation Insurance?  Yes  No
2. Does the applicant have a formal safety program in place?  Yes  No
3. Do you conduct training programs for technicians?  Yes  No
4. Are there written procedures that explain control techniques for each type of pest and its environment?  Yes  No
5. Are technicians trained on emergency spill control procedures?  Yes  No
6. What quality control procedures are in place to ensure technicians complete forms correctly regarding chemical application? \_\_\_\_\_
7. Are Safety Data Sheets kept on file?  Yes  No
8. Does applicant use a written contact with customers?  Yes  No
9. Describe how warnings are communicated to customers prior to the application:  
\_\_\_\_\_
10. Describe applicant's follow-up procedures with customers after application has been applied:  
\_\_\_\_\_
11. Pre-employment Screening procedures for employees: (Check all that apply.)  
 Employment Application     Drug/Alcohol Testing     Driving Record  
 Background Check     Verify Prior Experience     Applicator License  
 Other: \_\_\_\_\_
12. Do you have Workers' Compensation coverage in force?  Yes  No

## Section VII – Claim History

1. Have you or any affiliated related or predecessor entity ever been fined or disciplined by any governmental regulatory agency for violation of regulations, safety, health or environmental laws or regulations?  Yes  No  
**If YES, please describe:**  
\_\_\_\_\_
2. Does the Applicant have any knowledge of or reason to expect claims to be filed arising out of pest control operations prior to the effective date of coverage with this company?  Yes  No  
**If YES, please describe:**  
\_\_\_\_\_
3. Has your firm ever had its pesticide applicator license revoked or suspended?  Yes  No  
**If YES, please describe:**  
\_\_\_\_\_
4. Do you have any knowledge of or reason to expect claims to be filed arising out of pest control operations prior to the effective date of coverage with this company?  Yes  No  
**If YES, please describe:**  
\_\_\_\_\_

## Fraud Warning

**Any person who, with intent to defraud or knowing that (s)he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.**

**ALABAMA, ARKANSAS, LOUISIANA, MARYLAND, NEW JERSEY, NEW MEXICO and VIRGINIA:** 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. In Alabama, Arkansas, Louisiana and Maryland, that person may be subject to fines, imprisonment or both. In New Mexico, that person may be subject to civil fines and criminal penalties. In Virginia, penalties may include imprisonment, fines & denial of insurance benefits.

**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.

**DISTRICT OF COLUMBIA, KENTUCKY and PENNSYLVANIA:** 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 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. In District of Columbia, penalties include imprisonment and/or fines. In addition, the Insurer may deny insurance benefits if the Applicant provides false information materially related to a claim. In Pennsylvania, the person may also be subject to criminal and civil penalties.

**FLORIDA and OKLAHOMA:** Any person who knowingly and with intent to injure, defraud or deceive the Insurer, files a statement of claim or an Application containing any false, incomplete or misleading information is guilty of a felony. In Florida it is a felony to the third degree.

**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 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 personal or commercial 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 is considered a crime.

**MAINE:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

**NEW YORK:** 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

**OHIO:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against the Insurer, submits an Application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**OREGON:** 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 may be guilty of a crime and may be subject to fines and confinement in prison.

**TENNESSEE and WASHINGTON:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and/or denial of insurance benefits.

## Representation Statement

I hereby apply for a policy of insurance as set forth in the application and I declare that all information contained in this application is correct and complete to the best of my knowledge and belief. I understand that any policy which may be issued by the company will be issued on the basis of and reliance upon my statements in this application. I agree that such policy shall be null and void if such information is false, or misleading, or would materially affect acceptance of the risk by the company.

The signing of this application does not bind the undersigned to purchase the insurance and accepting this application does not bind the Insurer to complete the insurance or to issue any particular policy. If a policy is issued, it is understood and agreed that the Insurer relied upon this application in issuing each such policy and any endorsements thereto. The undersigned further agrees that if the statements in this application change before the effective date of any proposed policy, which would render this application inaccurate or incomplete, notice of such change, will be reported in writing to the Insurer immediately.

The Application must be signed and dated by a Principal, Partner, Managing Member or Senior Officer of the Applicant. Electronically reproduced signatures will be treated as original.

### Applicant:

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**I hereby declare that all the information contained in this application is correct and complete to the best of my knowledge and belief, that the application was complete and personally signed by the applicant and that a completed copy hereto has been given to the applicant.**

Name of Producing Agency: \_\_\_\_\_

Signature of Producing Agent: \_\_\_\_\_ Date: \_\_\_\_\_

**SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY**