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## PEST CONTROL PROGRAM GENERAL LIABILITY APPLICATION

**SECTION I – APPLICANT INFORMATION**

**Effective Date:** \_\_\_ / \_\_\_ / \_\_\_

1. Complete Business Name: \_\_\_\_\_  
 Business Type:  Individual     Corporation     Partnership     Other: \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_
3. Location Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_
4. Contact Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Web Site URL: \_\_\_\_\_
5. Year Business Started: \_\_\_\_\_ How many years have the owners been in the pest control industry? \_\_\_\_\_
6. Have there been any changes in ownership in the last five (5) years?.....  YES     NO  
 If YES, please explain: \_\_\_\_\_
7. What licenses does your firm currently hold?  
 Fumigation     General Pests     Wood Destroying Organisms     Lawn & Ornamental  
 State License Number(s): \_\_\_\_\_ Fed ID \_\_\_\_\_
8. Number of employees, including owners: \_\_\_\_\_ Number of certified employees: \_\_\_\_\_  
 Describe training for non-certified employees: \_\_\_\_\_
9. Loss History (expiring policy, plus 3 previous years) – Attach loss runs from each carrier.  

Name of Carrier	Policy Number	Policy Period	Total Losses
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
10. Please describe your firm’s loss prevention programs in terms of:  
 Training: \_\_\_\_\_  
 Safety Meetings: \_\_\_\_\_  
 Response to Customer Complaints: \_\_\_\_\_

**SECTION II – GENERAL LIABILITY**

11. Liability Limit:    \$300,000/\$600,000    \$500,000/\$1,000,000    \$1,000,000/\$2,000,000  
 Pesticide/Herbicide Applicators Coverage is included at policy limit of liability. (Property Damage Deductible Applies)
12. Combined Property Damage /Bodily Injury Deductible:    \$1,000    \$2,000    \$5,000
13. Optional Coverages requested:
  - 13a. Pest Control Property Damage Liability – WDO Inspection Coverage (Property Damage Deductible Applies)  
 No Coverage    \$50,000/\$100,000    \$50,000/\$500,000    \$125,000/\$250,000
  - 13b. Transit Auto Pollution Limit: **Number of Autos** \_\_\_\_\_ (Attach drivers list when requesting limits of \$500,000 & \$1,000,000)  
 No Coverage    \$100,000    \$500,000    \$1,000,000

14. Please provide a breakdown of your Estimated Receipts for the next 12 months (by location, if you have multiple locations):

<u>Classification</u>	<u>Receipts</u>
A. General Pest Control (43470) . . . . .	\$ _____
B. Retail Sales of Pest Control Products (to general public) . . . . .	\$ _____
C. Wholesale Sales of Pest Control Products . . . . .	\$ _____
D. Termite Inspections (WDI/WDO) . . . . .	\$ _____
E. Termite Treatment (includes treatments and pre-treats) . . . . .	\$ _____
F. Fumigation:	
* Structural . . . . .	\$ _____
* Vehicle/Commodity . . . . .	\$ _____
* Soil (other than pre-treats in conjunction with structural fumigation) . . . . .	\$ _____
G. Lawn Pesticide/Herbicide Application -- Payroll \$ _____	\$ _____
H. Incidental Carpentry (Including Dry Rot Repair) . . . . .	\$ _____
I. Other (Specify) _____	\$ _____
J. Heat / Thermal Termite Treatments . . . . .	\$ _____
<b>TOTAL ESTIMATED RECEIPTS:</b>	<b>\$ _____</b>

15. Does your firm subcontract any work to others?  YES  NO

If Yes, what is your estimated annual cost of subcontracted work? \_\_\_\_\_

Describe work subcontracted: \_\_\_\_\_

\* Certificate of Insurance required?  YES  NO If yes, what minimum GL limit do you require? \_\_\_\_\_

\* Are sub-contractors required to name your firm as additional insured?  YES  NO

**SECTION III – OPERATIONS**

16. Check each of the following operations that you currently perform, or have performed in the past:

- |   |  |
|---|--|
| <input type="checkbox"/> Aerial Pesticide or Herbicide Application  | <input type="checkbox"/> Radon Testing     |
| <input type="checkbox"/> Aquatic Pesticide or Herbicide Application   | <input type="checkbox"/> Tree Pruning      |
| <input type="checkbox"/> Agricultural Crop Spraying   | <input type="checkbox"/> Ship Spraying     |
| <input type="checkbox"/> Animal Control (other than insect or rodent)   | <input type="checkbox"/> Chemical Blending |
| Describe: _____   | <input type="checkbox"/> Snow Removal      |
| <input type="checkbox"/> Any operations other than Pest Control, or those operations listed above (Describe): _____ |  |

17. How are chemicals/pesticides/herbicides stored? (check all that apply):

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Fire Resistive Cabinet | <input type="checkbox"/> Separate Room           | <input type="checkbox"/> Outdoor Metal Shed |
| <input type="checkbox"/> Warehouse              | <input type="checkbox"/> Other (Describe): _____ |   |

18. Are all chemicals stored with their EPA labels intact? .....  YES  NO

19. Is smoking allowed in the chemical storage area? .....  YES  NO

20. Is chemical storage area locked and posted? .....  YES  NO

21. Are Material Safety Data Sheets on file for all chemicals used? .....  YES  NO

22. Do you use checklists for all jobs, including WDO and Fumigation? .....  YES  NO

23. Are written instructions and warnings provided to the customer at the time of application? .....  YES  NO

24. How long are job records retained? \_\_\_\_\_

25. List the types of chemicals used and usual quantity on hand for:

<u>Chemicals</u>	<u>Quantity</u>
* Termite Treatment	_____
* Lawn & Ornamental	_____
* General Pests	_____
* Fumigation	_____
* Other	_____

26. For Fumigation Operations:

- \* Are fumiscopes used to detect chemicals? .....  YES  NO
- \* Are signs posted at fumigation sites.....  YES  NO
- \* How long do you typically air out a fumigated building? \_\_\_\_\_
- \* What percentage are: Commercial Jobs \_\_\_\_\_ Residential Jobs \_\_\_\_\_ Industrial Jobs \_\_\_\_\_  
Describe Commercial or Industrial jobs performed (if any): \_\_\_\_\_

27. For Termite Operations:

- \* Do you use Heat, Microwave, Thermal or other non-standard methods?.....  YES  NO
- If yes, describe: \_\_\_\_\_

**SECTION IV – ADDITIONAL COVERAGES**

**If Property Coverage is requested, please attach a separate ACORD Property Application.**

**If Automobile Coverage is requested, please attach a separate ACORD Auto Application, and complete the following:**

- 28. Are all vehicles that carry chemicals/pesticides/herbicides equipped with emergency spill kits? .....  YES  NO
- 29. Are any vehicles titled in an individual's name? .....  YES  NO  
If yes, please list the vehicle number, and indicate if it is leased back to the company \_\_\_\_\_
- 30. Is there a vehicle maintenance program in place? .....  YES  NO  
Program based on:  Mileage (Indicate mileage interval): \_\_\_\_\_  
 Time Period (Indicate time interval): \_\_\_\_\_
- 31. Are MVRs ordered pre-hire and annually for each driver? .....  YES  NO
- 32. Is personal use allowed for any vehicle? .....  YES  NO  
If yes, list vehicle and assigned driver below, including spouse or family members of that driver who have access to the vehicle:  
(Attach separate list, if necessary):  
Vehicle: \_\_\_\_\_ Driver(s): \_\_\_\_\_  
Vehicle: \_\_\_\_\_ Driver(s): \_\_\_\_\_  
Vehicle: \_\_\_\_\_ Driver(s): \_\_\_\_\_
- 33. How many employees regularly (at least once per week) use their own vehicle on company business? \_\_\_\_\_  
Do you obtain evidence of insurance on those vehicles? .....  YES  NO  
What minimum limit of Automobile Liability coverage do you require for those employees? \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Insured)