



# Pest Control Application

1. Proposed Effective Date

2. Proposed Expiration Date

3. Today's Date

4. Name of Applicant and/or corporate name

5. Mailing Address:

5a. Physical Address:  
(if different from mailing address)

6. Contact for info and final audit adjustment:

7. Email Address:

8. Phone:

9. Fax:

10. Alt Phone:

11. Type of Business Entity: Sole Proprietor Partnership Corporation Other Federal ID#:

12. Pest Control Experience: Years Working for Others: Years as Owner:

13. Involved in business full time: Yes No Over thirty hours/week? Yes No Social Security#:

14. Description of operations:

15. Member of any associations: Yes No Which ones? Please list below

15a. Is any part of your business providing home inspection services **other than inspections for wood destroying organisms?** Yes No

16. Total Gross Sales:

Lawn Care Payroll:

Total Payroll:

17. Requested limit of liability:

**18. Operations:**

%Residential

%Agricultural

%Pretreats

%Lawn & Garden

%Municipalities

%Commodity Fumigation

%Fumigation Residential

%Commercial Non Food

%Agricultural Fumigation

%Food Related

%Fumigation Commercial

%Other Operations (Please Explain)

19. Operating Locations (if different from mailing address)

Main Location

Location 2

Location 3

Address:

State:

Own

Lease

Own

Lease

Own

Lease

Pest Control License #:

**20. Estimated sales by category and state:**

General Pest Control:

Termite Control:

WDO/WDI Inspection:

Fumigation:

Lawn Care Sales:

Lawn Care Payroll:

Product Sales:

Pretreats:

Carpentry:

Moisture Control:

Other Income (explain):

State Total:

VRC#



**21. Employee Hiring Section:**

**Check if Yes**

**How Often**

When Hiring   Periodically   Annually   Two Years   Five Years   Never Again

- a) Obtain a motor vehicle report:
- b) Complete employment application:
- c) Obtain an up-to-date physical:
- d) Obtain a drug screening test:
- e) Complete a background check:
- f) Test their pest control knowledge:

**22. Customer Information:**

YES   NO

- a) Before providing services to a new customer, do you obtain a profile of the customer in terms of potential medical problems as it relates to pest control?
- b) Along with MSDS sheets, does the technician provide any written or verbal communication outlining hazards and precautions to be taken by the customer? Potential medical problems as it relates to pest control?
- c) Do you have a response procedure for customer complaints?

**23. Record Keeping:**

- a) Do you have preprinted record keeping forms that allow the technician to check off appropriate box, thereby avoiding handwriting errors and mistakes on chemical concentrations?
- b) Are specific records kept for each technician's:
  - Training?
  - Continuing Education?
  - Inventory Use?
- c) Are MSDS kept on file with an organized program for updates?
- d) Are customer records maintained concerning:
  - Past and Current Contracts
  - Accidents and/or Complaints
  - Amount of Pesticide used per job site

**24. Safety Program (if yes, provide copies of written materials)**

- a) Is there a written company safety plan in place?  
If yes, is a copy available on our request?   Yes   No  
If no, is there any communication on safety issues? (Describe below)

- b) Are "spot checks" conducted to verify company policy is being followed?
- c) Do you provide formal employee safety training?
- d) Is proper training provided on Safety Equipment?
- e) Do employees wear knee pads, head gear, proper shoes, ear plugs & similar protective gear?
- f) Do employees attend formal safety meetings?
- g) Are they documented?

**25. Pesticide Use:**

- a) **Number of licensed technicians:**
- b) **Number of non-licensed technicians:**
- c) Are procedures written detailing control techniques for each pest for different environments?
- d) Have you issued proper safety equipment for each pesticide as listed on the label?
- e) Do you have formal emergency spill control procedure?
- f) Are technicians periodically tested on this procedure?
- g) List chemicals, pesticides and methods used:



**26. Fumigation Operations:**

a) Fumigants used: Percent of total fumigant used: What is being fumigated?

YES NO

- b) Do you use Methyl Bromide?
- c) Is a checklist used when performing fumigations
- d) Are hazard notices and safety checklist provided to all occupants?
- e) Are food commodity fumigations performed?
- f) Do you subcontract fumigation operations? (If yes, include gross sales on page one, question 20)
- g) Describe standard fumigation procedures:

**27. Termite Control Operations:**

a) Number of Termite inspections Per year Average Inspectors years of Experience:

- b) Do you sub contract any Termite work?
- c) If yes, do you get Certificates of Insurance? (AS RESPECTS REAL ESTATE SALES)
- d) Do you use trained Termite inspectors? (WHERE APPLICABLE)
- e) Do you use non-chemical Termite treatments? (If yes, describe in comments page #4)
- f) Do you use heat, microwave, thermal or other non-standard methods? (If yes, please describe below)

g) Do you treat/inspect structures that have EXTERIOR INSULATION AND FINISH SYSTEMS (EIFS (a.k.a. Synthetic Stucco) Construction? (If yes, please provide written description)

h) Do you treat/h) inspect structures for MOLD [Toxic or Otherwise]?

i) If yes, do you do Mold Abatement/Removal?

- 28. Number of commercial vehicles: 29. Number of private passenger vehicles:
- 30. Trailers: 31. Are all vehicles owned or leased in the company name?
- 32. Current Auto liability carrier: 33. Current limit of Automobile liability:
- 34. Any Automobile losses in the last 3 years? Yes No If yes, please provide date of loss and details below or attach Automobile Loss Run

35. Do you inspect and/or treat for bed bugs? Yes No

36. Do you use dogs for inspections? Yes No If yes, how many?

37. Do you use heat, microwave, thermal or other non-standard methods? Yes No (if yes, please describe below)

38. Is any work performed at Railroad Crossings? Yes No

(if yes, please explain nature of operation, chemicals used and percentage of work performed in relation to total business.)

39. Is Radon Testing and or Septic Tank Testing performed? Yes No

(if yes, please explain nature of business and percentage of work performed in relation to total business.)

40. Is any Moisture control other than operations strictly related to Pest Control (such as treatments for damp basements) performed? Yes No (if yes, please explain nature of business, chemicals used and percentage of work performed in relation to total business.)

41. Is there any water testing or treatment performed? Yes No (if yes, please explain)

42. Are any DOT filings required? Yes No (if yes, please explain)



GENERAL LIABILITY PREMIUM AND LOSS HISTORY (Attach additional pages for Property, Equipment and Auto):

Table with 6 columns: CURRENT YEAR, CARRIER, POLICY NUMBER, LIMIT, PREMIUM, Check if no known claims. Includes a row for Date of Loss, Description of Loss, Amount, and Status.

Has Policy Been Canceled? Yes No

Table with 6 columns: 1st YEAR PRIOR, CARRIER, POLICY NUMBER, LIMIT, PREMIUM, Check if no known claims. Includes a row for Date of Loss, Description of Loss, Amount, and Status.

Has Policy Been Canceled? Yes No

Table with 6 columns: 2nd YEAR PRIOR, CARRIER, POLICY NUMBER, LIMIT, PREMIUM, Check if no known claims. Includes a row for Date of Loss, Description of Loss, Amount, and Status.

Has Policy Been Canceled? Yes No

I CERTIFY THAT THE ABOVE LOSS INFORMATION, TO THE BEST OF MY KNOWLEDGE, IS TRUE. I UNDERSTAND THAT A MISREPRESENTATION WOULD BE GROUNDS FOR CANCELLATION AND DENIAL OF COVERAGE.

Applicant's Signature Print Applicant's Name Date

NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD. MY SIGNATURE HEREBY ATTESTS TO THE FACT THAT AT LEAST ONE OWNER HAS A MINIMUM OF 50% OWNERSHIP IN ALL NAMED INSURED COMPANIES LISTED IN QUESTION #4, NAME OF APPLICANT AND / OR CORPORATE NAME, ON PAGE ONE (1) OF THIS APPLICATION.

- Arizona: For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.
Arkansas: 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 and may be subject to fines and confinement in prison.
California: For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to Insurance Company for the purpose of defrauding or attempting to defraud the Company.
Delaware: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
District of Columbia: Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person.
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 in the third degree.
Idaho: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.
Indiana: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.
Kentucky: Any person who knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance 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.



# PBC

PROGRAM  
BROKERAGE  
CORPORATION

## Pest Control Application

Louisiana: 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 and may be subject to fines and confinement in prison.

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

Maryland: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Minnesota: A person who files a claim with intent to defraud, or helps commit a fraud against an insurer, is guilty of a crime.

New Hampshire: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico: 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 and may be subject to fines and confinement in prison.

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 an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony

Oregon: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

Pennsylvania: Any person who knowingly and with the 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 subjects such person to criminal and civil penalties.

Rhode Island: 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 and may be subject to fines and confinement in prison.

Tennessee: It is a crime to knowingly provide false, incomplete or misleading information to Insurance Company for the purpose of defrauding the Company. Penalties include imprisonment, fines and denial of insurance benefits.

Texas: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Utah: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison. Utah Workers Compensation claims only.

Virginia: It is a crime to knowingly provide false, incomplete or misleading information to Insurance Company for the purpose of defrauding the Company. Penalties include imprisonment, fines and denial of insurance benefits.

Washington: It is a crime to knowingly provide false, incomplete or misleading information to Insurance Company for the purpose of defrauding the Company. Penalties include imprisonment, fines and denial of insurance benefits.

West 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 and may be subject to fines and confinement in prison.

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Applicant's Signature

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Print Applicant's Name

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Date

**Thank You For Choosing**



# PBC

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BROKERAGE  
CORPORATION