



1. Proposed Effective Date

2. Proposed Expiration Date

3. Today's Date

4. Name of Applicant and/or corporate name (use separate sheet if more space is needed):

5. Mailing Address:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
STREET	CITY	STATE	ZIP CODE

5a. Physical Address:

(if different from mailing address)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
STREET	CITY	STATE	ZIP CODE

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:

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 (Radon, Water and Septic Testing etc.)

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 Peast Control:




(insect and rodent):




Termite Control:




WDO/WDI Inspection:




Fumigation:




Lawn Care Sales:




Lawn Care Payroll:




Product Sales:




Pretreats:




Carpentry:




Other Income (explain):




State Total:




VRC#



21. Employee Hiring Section:	When Hiring	Periodically	How Often			
	Check Yes Responses	Annually	Two Years	Five Years	Never Again	
a) Obtain a motor vehicle report:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Complete employment application:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Obtain an up-to-date physical:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Obtain a drug screening test:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Complete a background check:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Test their pest control knowledge:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
c) Do you have a response procedure for customer complaints?	<input type="checkbox"/>	<input type="checkbox"/>

23. Record Keeping:	YES	NO
a) Do you have preprinted record keeping forms that allow the technician to check off appropriate boxes, thereby avoiding handwriting errors and mistakes on chemical concentrations?	<input type="checkbox"/>	<input type="checkbox"/>
b) Are specific records kept for each technician: Training?	<input type="checkbox"/>	<input type="checkbox"/>
Continuing Education?	<input type="checkbox"/>	<input type="checkbox"/>
Inventory Use?	<input type="checkbox"/>	<input type="checkbox"/>
c) Are MSDS kept on file with an organized program for updates?	<input type="checkbox"/>	<input type="checkbox"/>
d) Are customer records maintained concerning: Past and Current Contracts	<input type="checkbox"/>	<input type="checkbox"/>
Accidents and/or Complaints	<input type="checkbox"/>	<input type="checkbox"/>
Amount of Pesticide used per job site	<input type="checkbox"/>	<input type="checkbox"/>

24. Safety Program (if yes, provide copies of written materials)	YES	NO
a) Is there a written company safety plan in place?	<input type="checkbox"/>	<input type="checkbox"/>

1- If yes, is a copy available on our request? 2- If no, is there any communication on safety issues? (Describe below)

b) Are "spot checks" conducted to verify company policy is being followed?	<input type="checkbox"/>	<input type="checkbox"/>
c) Do you provide formal employee safety training?	<input type="checkbox"/>	<input type="checkbox"/>
d) Is proper training provided on Safety Equipment?	<input type="checkbox"/>	<input type="checkbox"/>
e) Do employees wear knee pads, head gear, proper shoes, ear plugs & similar protective gear?	<input type="checkbox"/>	<input type="checkbox"/>
f) Do employees attend formal safety meetings?	<input type="checkbox"/>	<input type="checkbox"/>
25. Pesticide Use	<input type="checkbox"/>	<input type="checkbox"/>

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



26. Fumigation Operations:

Percent of total fumigant used:

What is being fumigated?

a) Fumigants used




b) Do you use Methyl Bromide?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

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, describe in comments page #4)

g) Do you treat/inspect structures that have EXTERIOR INSULATION AND FINISH SYSTEMS (EIFS)

(a.k.a. Synthetic Stucco) Construction? (If yes, describe in comments page #4)

h) Do you treat/inspect structures for MOLD [Toxic or Otherwise]? (If yes, describe in comments page #4)

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

WORKERS COMPENSATION SECTION (Answer if Applicable)

28. Exposures:

**Class**

**Payroll**

**Number of Employees**

EXTERMINATORS



OFFICE EMPLOYEES



SALES PERSONS



LAWN APPLICATION



OTHER



29. Are all technicians certified? Yes  No

Number of employees WDI/WDO inspections?

30. Number of employees underage 18?

Number of employees over the age 66?

AUTOMOBILE SECTION (Complete only if Umbrella Liability is requested)

31. Number of commercial vehicles:

32. Number of private passenger vehicles:

33. Trailers

34. Are all vehicles owned or leased in the company name?

35. Current auto liability carrier:

36. Current limit of automobile liability:

37. 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

UMBRELLA SECTION (If coverage is requested the following information is required)

In addition to the following questions, please complete the Automobile Section above. A fully completed signed ACORD Umbrella Application will be required to bind coverage.

38. Automobile Liability Limits:

39. Annual Premium for Automobile Liability:

VRC#

40. Annual Premium for Employers Liability:

41. Name of Employers Liability Carrier:

42. Employers Liability Limits:



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

CURRENT YEAR	CARRIER	POLICY NUMBER	LIMIT	PREMIUM	Check if no known clamis <input type="checkbox"/>
Date of Loss	Description of Loss			Amount	Status

Has Policy Been Canceled?  Yes  No

CURRENT YEAR	CARRIER	POLICY NUMBER	LIMIT	PREMIUM	Check if no known clamis <input type="checkbox"/>
Date of Loss	Description of Loss			Amount	Status

Has Policy Been Canceled?  Yes  No

CURRENT YEAR	CARRIER	POLICY NUMBER	LIMIT	PREMIUM	Check if no known clamis <input type="checkbox"/>
Date of Loss	Description of Loss			Amount	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

**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 HERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL BE ALSO SUBJECT TO CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED AMOUNT OF THE CLAIM FOR EACH SUCH VIOLATION.**

\_\_\_\_\_ Applicant's Signature \_\_\_\_\_ Print Applicant's Name \_\_\_\_\_ Date

COMMENTS:  

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***PLEASED WITH OUR COVERAGE AND SERVICE? PLEASE RECOMEND A FRIEND!***

NAME:

COMPANY:

ADDRESS:

CITY:

STATE:  ZIP CODE:

PHONE:  FAX:

EMAIL:

**Thank You For Choosing**



**WEISBURGER**  
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