



Pest Control Pro

PO Box 440549 Kennesaw, GA 30160

Phone: (678) 290-2100

www.thomcoins.com

Pest Control Pro Application

1. Broker/Agent: Name

Address _____

City _____ State _____ Zip _____ County _____

FEIN # _____

Telephone _____

Fax _____

Email _____

Producer Name _____

Proposed Effective Date _____

2. Applicant Name (First Named Insured)

DBA _____

Mailing Address _____

City _____

State _____ Zip _____ County _____

FEIN # _____

PC License # _____

Telephone _____

Fax _____

Loss Control Contact _____

Accounting Contact _____

Category(ies) of License: GHP Wildlife Control Termite Treatment WDI/O Fumigation Lawn Other

Please describe Other: _____

Business Type: Sole Proprietorship Partnership Corporation LLC Other _____

3. List of Locations: List all locations here (including main location), address, city, state, and zip

1. _____

2. _____

3. _____

GENERAL INFORMATION—Explain all "Yes" responses below.

4. Is the Applicant a successor of any other business? Yes No

5. Does Applicant own or operate any other business? Yes No

6. Is work done through or by any affiliated or related companies? Yes No

7. How many vehicles do you use to transport pesticides? _____

8. Is Applicant, or any affiliated, related or predecessor entity currently involved in any litigation, administrative, or arbitration proceeding(s) or subject to any court or agency order of injunction? Yes No

If yes, provide details: _____

9. Has Applicant, or any affiliated, related, or predecessor entity or any officer or owner of any of them ever been convicted of a felony? Yes No

If yes, provide details: _____

10. Has Applicant, or any affiliated, related, or predecessor entity ever been (or is currently) the subject of bankruptcy, reorganization, solvency, dissolution, or other debtor related proceeding, or has it made an assignment for the benefit of creditors? Yes No

If yes, provide details: _____

11. Has the applicant or any affiliated, related or predecessor entity ever been fined or disciplined by any governmental/regulatory agency or by civil court for violation of any regulations, safety, health or product label, environmental laws or regulations? Yes No

If yes, provide details: _____

12. 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 the company? Yes No

If yes, provide details: _____

13. Does Applicant perform building inspections or appraisals, or issue reports or render services or opinions regarding structural integrity, chemical, or air quality or health-related mold?
NOTE: THESE SERVICES, REPORTS, AND OPINIONS ARE NOT COVERED. Yes No

14. Do you perform Pest Control Services on multi occupancy buildings (Apartments, Hotels, etc?) Yes No
What procedures are in place regarding tenant/ resident notification? _____

Will you perform service on one unit, or only treat/ service entire building? _____

15. Do you conduct training programs for technicians? Yes No
If yes, how often? _____
Is there a formal training program in place? Yes No

16. Where are pesticides used for sales & services stored? _____

17. Please list the top five (5) Pesticide/ Herbicide used by your company

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

18. Do you sell pesticides in a retail operation? Yes No

19. Do you reformulate or repackage pesticides for retail sale? Yes No

20. Do you engage in any drilling operations during pest control application? Yes No
If yes, what precautions are taken to avoid drilling into service lines (gas, water, etc.)

CLAIMS HISTORY

21. Have you had any claims **during the past 3 years?** (This includes all claims, whether or NOT reported to your insurer, or whether any payments were made.

Please list below. Check here if none:

Date of Loss/ Description of Loss/ Amount Incurred \$

Attach a separate sheet of paper, if necessary.

PRIOR CARRIER INFORMATION

22. Current Year _____	Carrier _____	Premium \$ _____
First Prior Year _____	Carrier _____	Premium \$ _____
Second Prior Year _____	Carrier _____	Premium \$ _____

OPERATIONS

23. How many years have you been in the pest control industry? _____ Business is _____ years old
If in business less than two years, name and location of previous pest control employer _____

24. Breakdown of estimated annual receipts from all operations for which you or someone in your company is licensed.

Lawn & Ornamental \$ _____

Pest Control \$ _____

Bed Bugs \$ _____

What procedure and equipment is used for Bed Bug Treatment (include Heat Treatment): _____

Wildlife Control \$ _____

What release/extermination/disposal procedures or techniques (including the use of fire arms) are used for trapped animals? _____

Termite Control \$ _____ **Receipts including treatments, annual renewals, and damage repair services—excludes fumigation and WDI/O (real estate) inspections**

What percentage of termite control receipts are from carpentry, damage repair, restoration, etc? _____ %

WDI/O Inspections \$ _____ **Receipts from real estate inspections and reports only**

Fumigation \$ _____ **Performed direct/in-house only**

Structural \$ _____

Commodity \$ _____

Heat Treatment \$ _____

Other \$ _____

25. Describe any services (fumigation, pest control, termite control, or other services), which are performed by subcontractors of Applicant: _____

Subcontracted Services \$ _____

Subcontracted Costs \$ _____

Net Retained \$ _____

Is Applicant an Additional Insured on the subcontractor's policies? _____

Yes No

Does Applicant obtain a waiver of Subrogation from the subcontractor? _____

Yes No

26. Does Applicant provide other non-pest control services such as Janitorial, Carpentry, Excavation/Grading, Roofing, Plumbing or General Construction? _____

Yes No

If yes, please describe below; description should include estimated volume of additional annual receipts generated by each non-pest control service _____

Other Services (Sales) \$ _____ Payroll \$ _____

27. Number of employees: Pest Control _____ Termite Control (Treatment) _____ Fumigation _____

WDI/O (Real Estate) Inspection _____ Sales _____ Clerical _____

DEDUCTIBLE / LIMITS

28. Deductible Desired:

\$500 \$1,000 \$2,000 \$2,500 \$5,000 Other \$ _____

29. Limits Desired:

\$100/\$300 \$200/\$300 \$300/\$300 \$300/\$600 \$500/\$500 \$500/\$1,000 \$1,000/\$1,000

\$1,000/\$2,000 \$1,000/\$3,000 Other \$ _____

FRAUD WARNINGS

GENERAL FRAUD STATEMENT (not applicable in Colorado, Florida, Hawaii, Massachusetts, Nebraska, Ohio, Oklahoma, Oregon and Vermont) Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and (NY: substantial) civil penalties. In the District of Columbia, Louisiana, Maine, Tennessee and Virginia, and Washington insurance benefits may also be denied.

NOTICE TO COLORADO APPLICANTS: THIS NOTICE IS A PART OF YOUR APPLICATION FOR PROFESSIONAL LIABILITY INSURANCE: 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.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment or both.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she 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.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: A 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.

NOTICE TO OREGON APPLICANTS: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact, may be violating state law.

NOTICE TO VERMONT APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a crime, subjecting the person to criminal and civil penalties.

THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE APPLICANT AGREES THAT IF THE INFORMATION SUPPLIED ON THE APPLICATION BY THE APPLICANT CHANGES BETWEEN THE DATE OF THE APPLICATION AND THE EFFECTIVE DATE OF INSURANCE, APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE.

Applicant's Signature: _____ **Date:** _____

Producer's Signature: _____ **Date:** _____

Producer's License Number: _____ **Exp. Date:** _____