**EXTERMINATORS GENERAL LIABILITY APPLICATION**

|  |  |
| --- | --- |
| Applicant’s Name:             Mailing Address:               | Agency Name:       Agent No.:       Address:              E-mail:       Phone No.:        |

**PROPOSED EFFECTIVE DATE: From**        **To**       **12:01 A.M., Standard Time at the address of the Applicant**

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “NOT APPLICABLE” (N/A)

**Applicant is:** [ ]  Individual [ ]  Corporation [ ]  Partnership [ ]  Joint Venture

[ ]  Limited Liability Company [ ]  Other (Specify):

**Limits Of Liability and Deductible Requested:**

|  |  |
| --- | --- |
| General Aggregate (other than Products/Completed Operations) | $      |
| Products and Completed Operations Aggregate | $      |
| Personal and Advertising Injury (any one person or organization) | $      |
| Each Occurrence | $      |
| Damage To Premises Rented To You (any one premise) | $      |
| Medical Expense (any one person) | [ ]  $5,000 (included)[ ]  Other: $      |
| In-Transit Pollution Coverage | $25,000/$100,000 (included) |
| Lost Key Coverage | $25,000/$25,000 (included) |
| Pesticide/Herbicide Applicator Coverage (Included up to GL limits) | $      |
| Property Damage Extension (CCC) Occurrence(Included for limits equal to GL limits up to $200,000/$300,000) Aggregate | $     $      |
| Wood Destroying Organism Inspection Coverage | [ ]  $25,000/$100,000 (included)[ ]  $50,000/$100,000[ ]  Other: $      |
| Other Coverages, Restrictions, and/or Endorsements:       | $      |
| Deductible | $      |

**Website Address:**

**E-mail Address:**       **Phone Number:**

**1. Location Of Operations:**

|  |  |  |
| --- | --- | --- |
| **Street Address and City** | **State** | **License Number** |
| 1. [ ]  Same as mailing address |    |       |
| 2.       |    |       |
| 3.       |    |       |

**2. How long has applicant been in business?**       years [ ]  Full-time [ ]  Part-time

**3. Employee Data:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Category** | **Owner(s) only** | **Exterminators: Full-time** | **Exterminators: Part-time** | **Total** |
| **Number** |       |       |       |       |

**4. Does applicant subcontract work?** [ ]  Yes [ ]  No

If yes: Annual subcontract cost: $

Type of work subcontracted:

Are Certificates of Insurance obtained? [ ]  Yes [ ]  No

Minimum limits that subcontractors are required to carry:

**5. Description Of Operations:**

|  |  |  |
| --- | --- | --- |
| **Operation** | **Sales** | **Percentage ofGross Sales** |
| Termite Inspections without Treatment (do not include sales for renewal inspections where a previous treatment by applicant has been done) | $      |    % |
| Termite Treatment and Renewal Inspections | $      |    % |
| Carpentry (Payroll: $     ) | $      |    % |
| Exterminating—ResidentialCommercial | $     $      |    %   % |
| Fumigation—ResidentialCommercial | $     $      |    %   % |
| Crop Dusting or Spraying | $      |    % |
| Tenting | $      |    % |
| Highway Right of Way Maintenance | $      |    % |
| Other—Describe:       | $      |    % |
| **Total Sales** | **$**      | **100%** |

**6. Does applicant perform large animal control (such as alligators, bears, lions)?** [ ]  Yes [ ]  No

|  |
| --- |
| If yes, explain:       |

**7. Does applicant exterminate other than insects or small household pests?** [ ]  Yes [ ]  No

|  |
| --- |
| If yes, explain:       |

**8. Does applicant perform bird control/extermination at or near airports?** [ ]  Yes [ ]  No

**9. Does applicant install and/or repair insecticide misting systems?** [ ]  Yes [ ]  No

**10. Does applicant perform radon testing?** [ ]  Yes [ ]  No

If yes, describe the procedure:

Who performs the analysis?

|  |
| --- |
| If yes, describe:       |

**11. Does applicant eliminate pests by:**

**a.** Igniting flammable substances? [ ]  Yes [ ]  No

**b.** Use of guns? [ ]  Yes [ ]  No

**c.** Use of explosives? [ ]  Yes [ ]  No

**12. Does applicant inspect for mold?** [ ]  Yes [ ]  No

**13. Does applicant advise clients if he/she does not inspect for mold?** [ ]  Yes [ ]  No

**14. Does applicant perform any mold or spore remediation?** [ ]  Yes [ ]  No

**15. Does applicant subcontract mold remediation?** [ ]  Yes [ ]  No

**16. Additional Insured Information:**

|  |  |  |
| --- | --- | --- |
| **Name** | **Address** | **Interest** |
|       |       |       |
|       |       |       |
|       |       |       |

**17. During the past three years, has any company canceled, nonrenewed, declined or refused similar insurance to the applicant?** (Not applicable in Missouri) [ ]  Yes [ ]  No

|  |
| --- |
| If yes, explain:       |

**18. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?** [ ]  Yes [ ]  No

|  |
| --- |
| If yes, describe:       |

**19. Does applicant have other business ventures for which coverage is not requested?** [ ]  Yes [ ]  No

|  |
| --- |
| If yes, explain and advise where insured:       |

**20. Prior Carrier Information:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Year:**      | **Year:**      | **Year:**      |
| **Carrier** |       |       |       |
| **Policy No.** |       |       |       |
| **Coverage** |       |       |       |
| **Total Premium** |       |       |       |

**21. Loss History:**

|  |
| --- |
| **Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years.** [ ]  Check if no losses in the last three years. |
| **Date ofLoss** | **Description of Loss** | **AmountPaid** | **AmountReserved** | **Claim Status(Open or Closed)** |
|       |       | $      | $      |       |
|       |       | $      | $      |       |
|       |       | $      | $      |       |
|       |       | $      | $      |       |
|       |       | $      | $      |       |

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING:** 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 subjects such person to criminal and civil penalties. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA 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 include imprisonment, fines, and denial of insurance benefits.

APPLICANT’S NAME AND TITLE:

APPLICANT’S SIGNATURE: DATE:

(Must be signed by an active owner, partner or executive officer)

PRODUCER’S SIGNATURE: DATE:

PRODUCER’S ADDRESS:

|  |  |  |
| --- | --- | --- |
|  | **IMPORTANT NOTICE** |  |
|  |  |
| As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided. |