PESTICIDE/HERBICIDE APPLICATORS QUESTIONNAIRE (Complete in Addition to Acord Application)

1.	1. Name of Applicant:	
2.	2. Certified Applicators' Name(s):	
3.	3. Applicators' license # and categories:	
4.	4. Is this business? Full time (30 hours or more a week) Yes No	
	Part time (less than 30 hours a week) Yes No	
5.	5. What is the experience in pest control or herbicide application of?	
	Manager	
	Employee	
\boldsymbol{c}		

6. Indicate by percent the types of accounts you service:

Type of Business	% of Work	Type of Business	% of Work	Type of Business	% of Work
Apartments		Golf Courses		Offices	
Churches		Hospitals		Restaurant/Bars	
Dwellings		Industrial Buildings		Schools	
Farms/Ranches		Nursing Homes		*Other	

*For "Other", explain:_____

7. Show payroll, subcontract cost and receipts for each of the following (explain any with an*):

	<u>Service</u>	Payroll	Sub Cost	Receipts
a.	Aerial Spraying			
b.	"Chemical Sales			
c.	*Fertilizer Application			
d.	Fumigation			
e.	General Household Pest Control			
f.	Landscape Gardening			
g.	Lawn/Yard Pest Control			
h.	Spraying or Fumigation:			
	1) Crops (growing or standing)			
	2) Crops (stored or in transit)			
	3) Lakes or ponds			
	4) Railroad cars			
	5) Railroad right-of-way			
	6) Rivers			
	7) Shrubs or bushes			
	8) *Trees			

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	9) Ships
	10) Storage tanks
	i. Termite control
	j. Termite inspection
	*k. Tree trimming or removal
	- *(Explanations):
8.	If you subcontract any work, do you obtain a certificate of insurance from your subs prior to them performing any work on your behalf for:
	General Liability: Yes No Limits: Do you obtain a certificate of insurance from your subcontractors showing they provide Workers Comp to their employees before you allow them to enter your jobsite? YES NO
9.	Do you use the following?
	Casual Labor: Yes No
	Leased Employees: Yes No
10.	Do you sell any chemicals that are not pre-mixed prior to receipt by you? Yes
	If yes, explain:
11.	Do you use any chemicals that are not approved for use by federal, state or local laws or regulations?
	Yes No
	If Yes, explain:

12 List expiring carrier information for the past 3 years:

	Carrier	Limit	Deductible	Premium	Special Exclusions
EXPIRING					
1 st PRIOR					
2 nd PRIOR					

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13 Loss History for the past five (5) years:

Policy Year	Aggregate Losses	No. of Claims	Largest Single Loss	Comments

The Applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the company to policy issuance.

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.

Applicant:	Producer:
Signature:	
Date:	Producer Signature: