



## PEST CONTROL SUPPLEMENT (Complete in addition to ACORD Application)

Proposed First Named Insured & Other Named Insured(s):

Location Address	Street	City	County	State	ZIP Code
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### BUSINESS INFORMATION

1.	Number of years' experience as a contractor:					
2.	# of Owners:	Gross Sales: \$				
3.	# of Employees:	Employee Payroll: \$				
4.	Receipts for previous three years:					
	Year 20	\$	Year 20	\$	Year 20	
					\$	
					<b>Yes</b>	
					<b>No</b>	
5.	Are you a licensed pest control contractor?				<input type="checkbox"/>	<input type="checkbox"/>
6.	Has your license ever been suspended, warning or other activity due to failure to meet licensing requirements?				<input type="checkbox"/>	<input type="checkbox"/>
	If Yes, indicate reason: _____					
7.	Are you, all employees and subcontractors, licensed as a certified pest control/exterminator applicator?				<input type="checkbox"/>	<input type="checkbox"/>
8.	Do you perform any work in schools or daycares?				<input type="checkbox"/>	<input type="checkbox"/>
9.	Do you do any work at airports?				<input type="checkbox"/>	<input type="checkbox"/>
10.	Do you fumigate, use a tent, or use any type of gas?				<input type="checkbox"/>	<input type="checkbox"/>
11.	Do you perform Radon Analysis?				<input type="checkbox"/>	<input type="checkbox"/>
12.	Do you perform any pre-treatments to new structures?				<input type="checkbox"/>	<input type="checkbox"/>
13.	Do you perform mold inspection, or mold or spore remediation?				<input type="checkbox"/>	<input type="checkbox"/>
14.	Do you use any of the "Restricted Use" pesticides per <a href="http://www.EPA.gov">www.EPA.gov</a> (e.g. Dursban or other type of chlorpyrifos)?				<input type="checkbox"/>	<input type="checkbox"/>
15.	Do you ALWAYS make a follow-up visit or phone call after treatments?				<input type="checkbox"/>	<input type="checkbox"/>
16.	Do you use detection animals?				<input type="checkbox"/>	<input type="checkbox"/>
	If Yes, provide details: _____					
17.	Do you perform bird or large animal (alligators, bears, etc.) control or eradication?				<input type="checkbox"/>	<input type="checkbox"/>
18.	Does the value of chemical inventory on hand regularly exceed \$5,000?				<input type="checkbox"/>	<input type="checkbox"/>
19.	Do you have loss control and safety procedures in place for the following:					
	a. Employees (written plans, instructions and formal training)				<input type="checkbox"/>	<input type="checkbox"/>
	b. Screening, training and supervision				<input type="checkbox"/>	<input type="checkbox"/>
	c. Recordkeeping				<input type="checkbox"/>	<input type="checkbox"/>
	d. Documentation of chemical applications (who, where, when, what, why and how)				<input type="checkbox"/>	<input type="checkbox"/>
	e. Handling and mixing of bulk materials for own use				<input type="checkbox"/>	<input type="checkbox"/>
	f. Equipment, waste, and storage				<input type="checkbox"/>	<input type="checkbox"/>
	g. Containers, maintenance and disposal plans				<input type="checkbox"/>	<input type="checkbox"/>
	h. Emergency incidents				<input type="checkbox"/>	<input type="checkbox"/>
20.	Estimated Sales: \$		Estimated Payroll: \$			
	Estimated Subcontractor Cost: \$					
21.	Percent of Sales from the following:					
	Termite inspection:	%	Bed bug eradication:	%		

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**IMPORTANT NOTICE  
DECLARATION**

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I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

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**SIGNATURES**

Applicant Signature	Title	Date
Producer Signature		Date
Producer Name and Address		

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