



15502 Stoneybrook West Parkway, Suite 104-173  
Winter Garden, FL 34787  
800-799-1400 Phone - 407-839-0547 Fax

## PEST CONTROL GENERAL LIABILITY RENEWAL APPLICATION

All questions must be answered to complete the application. If no work is performed in a pest control category and no receipts are reported, you must indicate "N/A" (Not Applicable) in the related sections of the application.

Name of Broker: \_\_\_\_\_

Requested Policy Period: \_\_\_\_\_ Date Needed: \_\_\_\_\_

Name insured: \_\_\_\_\_ dba \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\*List all locations on a separate sheet of paper

Federal ID Number: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Inspection Contact Person for Loss Control: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

1. Please list any desired changes of coverage to present policy:

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2. Do you perform any services or work other than pest control? (If yes, list details below and list under Other Work Performed, page 2 of 3).

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Classification	Gross Receipts	Payroll
<b>GHP - General Household/Commercial Pest Control Treatments</b> (i.e. Roaches, Ants, Fleas, Bird, Rodent & Wildlife, <b>Excluding Bed Bugs</b> )	\$	
<b>Bed Bug Work</b> (Inspection/Extraction): <b>Must Complete Bed Bug Survey</b>		
1. Inspections	\$	
2. Heat Treatment	\$	
3. Cryo/Freeze	\$	
4. Chemical	\$	
<b>Total Bed Bug Work Receipts</b>	\$	
Subterranean Termite: <b>Post-Construction Liquid Chemical Treatments</b>	\$	
Subterranean Termite: <b>Pre-Construction Treatments</b>	\$	\$
Subterranean Termite: <b>Bait Treatments</b> including annual renewals receipts from treatments (i.e. Sentricon, Advance)	\$	
Lawn and Ornamental Treatments		
<b>Structural Fumigation: Must Complete Fumigation Survey</b>		
<b>Commodity Fumigation:</b> Product(s) used:	\$	
<b>Annual "Termite Contracts" Renewal</b> receipts (do not include Bait Systems annual renewal receipts included above)	\$	
<b>WDO/WDI Real Estate or Diagnostic Inspections</b>	\$	
<b>Other Work Performed</b> (Give specific description of work plus gross receipts & payroll for each) _____ _____	\$	
<b>TOTAL</b>	\$	

### Subcontracted Work

Classification	Total Receipts Subcontracted	Amount of Receipts Retained	Receipts Retained Formula
Fumigation	\$	\$	<input type="checkbox"/> flat fee \$ _____ <input type="checkbox"/> % of job %
Other – List:	\$	\$	<input type="checkbox"/> flat fee \$ _____ <input type="checkbox"/> % of job %
Other – List:	\$	\$	<input type="checkbox"/> flat fee \$ _____ <input type="checkbox"/> % of job %

## Description of Operations

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1. Regarding Fumigation work: ☐ N/A
  - a. Fumigants used: \_\_\_\_% Sulfuryl Fluoride (ex., Vikane) \_\_\_\_% Methyl Bromide
  - b. Has your product stewardship certification ever lapsed or been revoked?----- ☐ Yes ☐ No
  - c. Has your gas detection equipment ever failed calibration certification or been out of compliance with product stewardship guidelines or regulatory requirements? ----- ☐ Yes ☐ No
2. Regarding Subterranean Termite Control work: ☐ N/A
  - a. Do you perform WDO real estate inspections and treat structures with Exterior Insulation Finishing System (EIFS) construction?----- ☐ Yes ☐ No
  - b. Will you assume a termite renewal contract on structures that you have not originally treated?----- ☐ Yes ☐ No
3. Regarding WDO Reports performed for Real Estate inspections: ☐ N/A
  - a. What is the average time spent on each inspection? \_\_\_\_ minutes
  - b. Approximately how many inspections are performed each year? \_\_\_\_ inspections
  - c. What is the average cost per inspection? \$ \_\_\_\_\_
4. Regarding inspection and treatment of structures equipped with sprinkler systems: ☐ N/A
  - a. Do you identify water shut off valves prior to attic entry? ----- ☐ Yes ☐ No
  - b. Do you train on identifying attic sprinkler and water pipe locations?----- ☐ Yes ☐ No
  - c. Describe your emergency procedures for mitigating water damage from pipe break  
\_\_\_\_\_  
\_\_\_\_\_
5. Do you require changes to your current Per Project endorsements? ----- ☐ Yes ☐ No
  - a. If yes, list changes  
\_\_\_\_\_  
\_\_\_\_\_
6. Regarding Wildlife Control/Removal work: ☐ N/A
  - a. Are any firearms used?----- ☐ Yes ☐ No
  - b. Is any animal damage repair work performed? ----- ☐ Yes ☐ No
  - c. What is your release/disposal/euthanize policy? \_\_\_\_\_  
\_\_\_\_\_
7. Do you have formal written and documented training programs for driver safety training ☐ Yes ☐ No
  - a. If yes, how often is training? \_\_\_\_\_
8. Do you "private label" any chemicals for sale to customers ----- ☐ Yes ☐ No
9. Has the insured had any "alleged" poisoning complaints within the last 36 months? (list details below)----- ☐ Yes ☐ No
10. Has the insured been cited for any governmental violations within the last 36 months? (list details below). ☐ Yes ☐ No
11. Do you perform any work or services other than pest control? (If yes, list details below) ----- ☐ Yes ☐ No
12. Do you hold any licenses/certifications other than pest control that generate receipts? ----- ☐ Yes ☐ No  
If #12 is yes, are those receipts and payroll listed under Other Work Performed (list details below)  
\_\_\_\_\_  
\_\_\_\_\_

All questions must be completed on this Supplemental Application. Due to E & O Exposure, we will not offer a quote on incomplete applications. If a question does not apply, mark "N/A" (Not applicable). No insurance will become effective until Xterminator Pro has (1) approved the submission, (2) received the required payment, and (3) supplied notification of coverage. Quotes are only valid for thirty (30) days from the date of quotation. I, the undersigned Broker, am contracted and authorized by Xterminator Pro to solicit insurance.

I have asked all questions on this application directly of the proposed insured and have accurately supplied his/her answers within.

**FRAUD WARNING STATEMENTS:**

AL: It is a crime for any person to knowingly make a false or fraudulent statement in an application for insurance.

AR: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an Application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

DC: "WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant."

FL: "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."

ID, OK: "Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete or misleading information is guilty of a felony."

KY: "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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."

LA, MD, RI,TN,WV: "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

ME, VA, WA: "It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits."

NM, PA : "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES."

NY: "Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company commits a fraudulent insurance act, which Is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation."

I, the undersigned applicant, have read the questions/answers written in this application and affirm they are true and correct.

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OWNER SIGNATURE

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DATE

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PRINT NAME OF SIGNATURE ABOVE

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BROKER SIGNATURE

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DATE

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PRINT NAME OF SIGNATURE ABOVE