



Exterminators General Liability Application

Effective 10/15/02

Applicant's Name
Mailing Address

Agent Name
Address

PROPOSED EFFECTIVE DATE:

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

- Applicant is: Individual, Corporation, Partnership, Joint Venture, Limited Liability Company, Other (Specify):

LIMITS OF LIABILITY REQUESTED

Table with columns for liability type and amount. Includes rows for General Aggregate, Products & Completed Operations Aggregate, Personal & Advertising Injury, Fire Damage, Medical Expense, Lost Key Coverage, Property Damage Extension, Wood Destroying Organism Inspection, and Deductible.

LOCATION OF OPERATIONS

Table with columns for Street & City, State, and License Number. Includes rows for 1, 2, and 3 locations.

- 1. How long has applicant been in business? years Full-time Part-time
2. Does applicant exterminate other than insects or small household pests? Yes No
If yes, please explain:

3. Does applicant subcontract work? Yes No

If yes: Annual subcontract cost: \$ _____

Type of work subcontracted: _____

Are Certificates of Insurance obtained? Yes No

DESCRIPTION OF OPERATIONS

Operation	Sales	Percentage of Operation
Termite Inspections without Treatment (do not include sales for renewal inspections where a previous treatment by you has been done)	\$	%
Termite Treatment and Renewal Inspections	\$	%
Carpentry (Payroll: \$)	\$	%
Exterminating—Residential	\$	%
Commercial	\$	%
Fumigation—Residential	\$	%
Commercial	\$	%
Crop Dusting or Spraying	\$	%
Tenting	\$	%
Other—Please Describe:	\$	%
Total Sales	\$	100%

EMPLOYEE DATA

Category	Number
Owner(s) only	
Exterminations:	
Full-time	
Part-time	
Leased	
Total	

During the past three years has any company ever canceled, declined or refused to issue similar insurance to the applicant? (Not applicable in Missouri) Yes No

If yes, please explain:

PRIOR INSURANCE HISTORY See loss run attached

Year	Company	Policy No.	Premium	Paid Losses	Reserved Losses	Loss Description

ADDITIONAL INSURED INFORMATION

Name	Address

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.

PRODUCER'S SIGNATURE: _____ DATE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: _____

————— 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.

ANSWER ALL QUESTIONS – IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE"