HIIG | XTERMINATOR PRO
111 N. Magnolia Avenue, Suite 1525, Orlando, FL 32801
Telephone: 877-799-1400 / Fax: 407-839-0547

NEW BUSINESS PEST CONTROL GENERAL LIABILITY 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_____

Physical Address: _____

Mailing Address:_____ *List all other locations on a separate sheet of paper

Federal ID Number: _____Years in Business: _____

Inspection Contact Person for Loss Control: _____

Entity Type: Corp.☐LLC☐Individual☐Joint Venture☐Partnership☐S. Corp☐Other _____

Phone Number:_____ Fax Number: _____

Email Address: _____

If in business less than three years, attach a full resume detailing the owner's experience.

List of Officers/Owners Names	% of Ownership	Full-Time (Y/N)	Number of Years Active PC License Has Been Held Per Classification	Pest Control License
			GHP __ Lawn __ Term __ Fume __	
			GHP __ Lawn __ Term __ Fume __	
			GHP __ Lawn __ Term __ Fume __	

Describe Professional Pest Experience for all Officers/Owners if in business less than 3 years:

_____

_____

_____

_____

Policy Year & Line	**Insurance Company**	**Limit of Liability**	**Annual Premium**	**Losses ***

* Attach currently valued loss runs

Classification	Gross Receipts	Payroll
GHP - General **H**ousehold/Commercial **P**est Control Treatments (i.e. Roaches, Ants, Fleas, Bird, Rodent & Wildlife, **Excluding Bed Bugs**)	$	
Bed Bug Work (Inspection/Extraction): **Must Complete Bed Bug Survey**		
1. Inspections	$	
2. Heat Treatment	$	
3. Cryo/Freeze	$	
4. Chemical	$	
Total Bed Bug Work Receipts	$ 0.00	
Subterranean Termite: **Post-Construction Liquid Chemical Treatments**	$	
Subterranean Termite: **Pre-Construction Treatments**	$	
Subterranean Termite: **Bait Treatments** including annual renewals receipts from treatments (i.e. Sentricon, Advance)	$	
Lawn and Ornamental Treatments	$	$
Structural Fumigation: Must Complete Fumigation Survey	$	
Commodity Fumigation: Product(s) used:	$	
Annual "Termite Contracts" Renewal receipts (do not include Bait Systems annual renewal receipts included above)	$	
WDO/WDI Real Estate or Diagnostic Inspections	$	
Other Work Performed (Give specific description of work plus gross receipts & payroll for each) _____ _____	$ $	
TOTAL	$ 0.00	

Subcontracted Work

Classification	Total Receipts Subcontracted	Amount of Receipts Retained	Receipts Retained Formula
Fumigation	$	$	☐ flat fee $ ____ ☐ % of job ____ %
Other – List:	$	$	☐ flat fee $ ____ ☐ % of job ____ %
Other – List:	$	$	☐ flat fee $ ____ ☐ % of job ____ %

Description of Operations

1. If you subcontract work, are certificates of insurance, with policy limits equal to, or greater than your own naming your company as additional insured always obtained ☐ Yes ☐ No
2. 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
3. Do you desire the following coverages:
   a. PDE Inspection Coverage endorsement? ☐ 3 Year ☐ State Statute Limits
   b. PDE Treatment/Renewal Coverage endorsement ☐ Yes ☐ No
   c. PDE Continual Monitoring/Treatment Coverage (baiting treatments) endorsement? ☐ Yes ☐ No

      If yes, select product used: ☐ Sentricon ☐ Other _____
   d. Pesticide/Herbicide Transit Endorsement ☐ Yes ☐ No
   e. Employee Benefits Liability Endorsement ☐ Yes ☐ No
   f. GL Broadening Endorsement ☐ Yes ☐ No
   g. Stop Gap Endorsement (ND, OH, WA, WY only) ☐ Yes ☐ No
4. Limits of Liability desired?

   ☐ $300,000/600,000 ☐ $500,000/500,000
   ☐ $500,000/1,000,000 ☐ $1,000,000/1,000,000
   ☐ $1,000,000/2,000,000 ☐ $1,000,000/3,000,000
   ☐ $2,000,000/4,000,000
5. Property damage deductible desired? ☐ $500 ☐ $1,000 ☐ $2,500 ☐ Other: _____
6. List # of service technicians. _____ List # of certified/licensed PCO's. _____ (not including owners listed on page one)
7. Where are chemicals stored _____
8. Do you have formal written and documented training programs for:
   a. Housekeeping/Security of pesticide storage areas ☐ Yes ☐ No
      How often is training? _____
   b. Pesticide labels, mixing and application ☐ Yes ☐ No

      How often is training? _____
   c. Driver safety training ☐ Yes ☐ No
      How often is training? _____
9. Do you have spill kits for the following:
   a. Storage Area ☐ Yes ☐ No
   b. All Service Vehicles ☐ Yes ☐ No
10. 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

11. 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? $ _____
12. 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:

_____

_____

_____

13. 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? _____

_____

_____

14. Do you "private label" any chemicals for sale to customers ---------- ☐ Yes ☐ No

15. Has the insured had any "alleged" poisoning complaints within the last 36 months? (list details below) ------- ☐ Yes ☐ No

16. Has the insured been cited for any governmental violations within the last 36 months? (list details below) ---- ☐ Yes ☐ No

17. Do you perform any work or services other than pest control? (If yes, list details below) ---------- ☐ Yes ☐ No

18. Do you hold any licenses/certifications other than pest control that generate receipts? ---------- ☐ Yes ☐ No

    If #18 is yes, are those receipts and payroll listed under Other Work Performed (list details below)

_____

19. Do you have a workers compensation policy currently in force? ---------- ☐ Yes ☐ No

20. Do you use 1099 contact labor? ---------- ☐ Yes ☐ No

    a. If yes, do you collect COIs naming your company as an Additional Insured? ---------- ☐ Yes ☐ No

21. Do you perform disinfecting/sanitation services? If yes, list receipts in separately ---------- ☐ Yes ☐ No

22. Does your company carry a Group Health plan? ---------- ☐ Yes ☐ No

    a. If Yes, please provide the name of your Group Health Insurance Carrier:

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 HIIG-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 HIIG-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.

_____ _____

OWNER SIGNATURE DATE

_____

PRINT NAME OF SIGNATURE ABOVE

_____ _____

BROKER SIGNATURE DATE

_____

PRINT NAME OF SIGNATURE ABOVE