

SCOTTSDALE OFFICE:  
P.O. Box 14770, SCOTTSDALE, AZ 85267-4770  
8475 E. HARTFORD DR., SCOTTSDALE, AZ 85255  
PHONE:(480) 991-7889 WATS (800) 848-8860  
FAX: (480) 948-1394 TOLL FREE (866) 240-8807



UTAH OFFICE:  
P.O. Box 571770, MURRAY, UT 84157-1770  
849 W. LE VOY DRIVE, SUITE 230, TAYLORSVILLE, UT 84123  
PHONE:(801) 290-1144 WATS (800) 594-8900  
FAX (801) 290-1160 TOLL FREE (800) 332-9285

## EXTERMINATORS GENERAL LIABILITY APPLICATION

Applicant's Name: \_\_\_\_\_  
\_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Agency Name: \_\_\_\_\_  
Agent No.: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
E-mail: \_\_\_\_\_  
Phone No.: \_\_\_\_\_

**PROPOSED EFFECTIVE DATE:** From \_\_\_\_\_ To \_\_\_\_\_ 12:01 A.M., Standard Time at the address of the Applicant

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

**Applicant is:**     Individual                       Corporation                       Partnership                       Joint Venture  
 Limited Liability Company                       Other (Specify): \_\_\_\_\_

**Limits Of Liability and Deductible Requested:**

General Aggregate (other than Products/Completed Operations)	\$
Products and Completed Operations Aggregate	\$
Personal and Advertising Injury (any one person or organization)	\$
Each Occurrence	\$
Damage To Premises Rented To You (any one premise)	\$
Medical Expense (any one person)	<input type="checkbox"/> \$5,000 (included) <input type="checkbox"/> Other: \$
In-Transit Pollution Coverage	\$25,000/\$100,000 (included)
Lost Key Coverage	\$25,000/\$25,000 (included)
Pesticide/Herbicide Applicator Coverage (included up to GL limits)	\$
Property Damage Extension (CCC) (Included for limits equal to GL limits up to \$200,000/\$300,000)	Occurrence \$ Aggregate \$
Wood Destroying Organism Inspection Coverage	<input type="checkbox"/> \$25,000/\$100,000 (included) <input type="checkbox"/> \$50,000/\$100,000 <input type="checkbox"/> Other: \$
Other Coverages, Restrictions, and/or Endorsements:	\$
Deductible	\$

Website Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**1. Location Of Operations:**

Street Address and City	State	License Number
1. <input type="checkbox"/> Same as mailing address		
2.		
3.		

2. How long has applicant been in business? \_\_\_\_\_ years  Full-time  Part-time

3. Is the applicant licensed? .....  Yes  No

**4. Employee Data:**

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

5. Does applicant subcontract work? .....  Yes  No

If yes: Annual subcontract cost: ..... \$ \_\_\_\_\_

Type of work subcontracted: \_\_\_\_\_

Are Certificates of Insurance obtained? .....  Yes  No

Minimum limits that subcontractors are required to carry: \_\_\_\_\_

**6. Description Of Operations:**

Operation	Sales	Percentage of Gross Sales
Termite Inspections without Treatment (do not include sales for renewal inspections where a previous treatment by applicant has been done)	\$	%
Termite Treatment and Renewal Inspections	\$	%
Carpentry (Payroll: \$ )	\$	%
Exterminating—Residential	\$	%
Commercial	\$	%
Fumigation—Residential	\$	%
Commercial	\$	%
Crop Dusting or Spraying	\$	%
Tenting	\$	%
Highway Right of Way Maintenance	\$	%
Other—Describe:	\$	%
<b>Total Sales</b>	<b>\$</b>	<b>100%</b>

7. Does applicant perform large animal control (such as alligators, bears, lions)? .....  Yes  No

If yes, explain: \_\_\_\_\_

8. Does applicant exterminate other than insects or small household pests? .....  Yes  No

If yes, explain: \_\_\_\_\_

9. Does applicant perform bird control/extermination at or near airports? .....  Yes  No
10. Does applicant install and/or repair insecticide misting systems? .....  Yes  No
11. Does applicant perform radon testing? .....  Yes  No

If yes, describe the procedure: \_\_\_\_\_  
 \_\_\_\_\_

Who performs the analysis? \_\_\_\_\_

12. Does applicant eliminate pests by:
- a. Igniting flammable substances? .....  Yes  No
- b. Use of guns? .....  Yes  No
- c. Use of explosives? .....  Yes  No
- d. Use of heat treatment? .....  Yes  No

13. Does applicant inspect and/or treat for bed bugs? .....  Yes  No
- If yes, describe the procedure: \_\_\_\_\_  
 \_\_\_\_\_

Does the state require certification for this type of treatment? .....  Yes  No

What experience/training does applicant have with this form of treatment?: \_\_\_\_\_  
 \_\_\_\_\_

14. What precautions are in place for protecting property/injury to tenants inside areas being treated? \_\_\_\_\_  
 \_\_\_\_\_

15. Does applicant inspect for mold? .....  Yes  No
16. Does applicant advise clients if he/she does not inspect for mold? .....  Yes  No
17. Does applicant perform any mold or spore remediation? .....  Yes  No
18. Does applicant subcontract mold remediation? .....  Yes  No

19. Additional Insured Information:

Name	Address	Interest

20. During the past three years, has any company canceled, nonrenewed, declined or refused similar insurance to the applicant? (Not applicable in Missouri) .....  Yes  No
- If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_

21. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies? .....  Yes  No
- If yes, describe: \_\_\_\_\_  
 \_\_\_\_\_

22. Does applicant have other business ventures for which coverage is not requested? .....  Yes  No
- If yes, explain and advise where insured: \_\_\_\_\_  
 \_\_\_\_\_

**23. Prior Carrier Information:**

	<b>Year:</b>	<b>Year:</b>	<b>Year:</b>
<b>Carrier</b>			
<b>Policy No.</b>			
<b>Coverage</b>			
<b>Total Premium</b>			

**24. Loss History:**

<p><b>Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years.</b> <input type="checkbox"/> Check if no losses in the last three years.</p>				
<b>Date of Loss</b>	<b>Description of Loss</b>	<b>Amount Paid</b>	<b>Amount Reserved</b>	<b>Claim Status (Open or Closed)</b>
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

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. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

**NOTICE TO ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** 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.

**NOTICE TO FLORIDA APPLICANTS:** 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.

**NOTICE TO KANSAS APPLICANTS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; 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.



**NOTICE TO LOUISIANA APPLICANTS:** 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.

**NOTICE TO MAINE APPLICANTS:** 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.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO OHIO APPLICANTS:** 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.

**NOTICE TO OKLAHOMA APPLICANTS:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO RHODE ISLAND APPLICANTS:** 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.

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON):** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**NEW YORK OTHER THAN AUTOMOBILE 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_

**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.

Agent Email: \_\_\_\_\_ Preferred Method of Correspondence  Email  Fax  Mail

Applicant Email: \_\_\_\_\_ Preferred Method of Correspondence  Email  Fax  Mail