

Pest Management



email: info@uigusa.com phone: 800.385.9978

The Agent Agency

INSTRUCTIONS: This entire Application must be completed. Read all questions carefully and provide complete answers. Failure to provide complete information will result in delay in consideration of this Application. This Application is NOT an insurance policy and the COMPANY affording coverage reserves the right to reject any application for any reason. If additional space is needed, attach details to Application on a separate sheet of paper.

BROKER / AGENT INFORMATION

Name: _____
Address: _____
City: _____ State: _____ Zip: _____ County/Parish: _____
Telephone: _____ Fax: _____ Agency Website: _____
Producer Name: _____ Email: _____ Cell: _____
CSR Name: _____ Email: _____
Federal ID or Social Security #: _____ National Producer Database #: _____

APPLICANT INFORMATION

Applicant Name, if Sole Proprietor: _____
Company Name or DBA : _____
Mailing Address: _____
City: _____ State: _____ Zip: _____ County/Parish: _____
Telephone: _____ Fax: _____ Cell: _____
Email: _____ Contact Name: _____
Federal ID or Social Security #: _____ Applicant Web Site: _____
Business Type: Sole Proprietorship Partnership Corporation LLC Other (describe): _____
Name of Licensed Pest Control Operator/Applicator: _____ License #: _____
Date your current policy expires or when you want the new policy to be effective: _____
How many years experience does the licensed operator/applicator have in the pest control industry?: _____
How long have you owned this company? _____ **(If in business less than 3 years, name and location of previous pest control employer)**

Are you a member of any pest control association?: Yes No If **YES**, which one(s)?: _____
Number of Employees: Pest Control _____ Termite Control: _____ Non-Contract Inspections: _____ Fumigation: _____
Category(ies) Licensed in which to do business:
 General Household Pest Commercial Vertebrate Termite WDI/O Fumigation Weed, Herbicide & Lawn
 Other: _____

GENERAL INFORMATION – Explain all “YES” responses below.

- 1. Does Applicant own or operate any other business? Yes No

 - 2. Has Applicant or any affiliated, related or predecessor entity or any officer or owner of any of them:
 - Ever been convicted of a felony? Yes No
 - Ever defaulted on a labor and material payment bond, performance bond or bid bond or failed to complete or been terminated on any project? Yes No
 - Currently been involved in any litigation administration, or arbitration proceeding(s) or been subject to any court or agency order of injunction? Yes No
 - Ever been cited by any governmental/regulatory agency or by civil court for violation of any regulations, safety, health, or product label, environmental laws or regulations? Yes No

 - 3. Do you have any knowledge of or reason to expect claims to be filed arising out of pest control operations prior to the effective date of coverage with this company? Yes No

 - 4. Does Applicant perform building inspections or appraisals, or issue or render services or opinions regarding structural integrity, chemical, air quality or health-related mold issues? Yes No
- (THESE SERVICES, REPORTS, AND OPINIONS ARE NOT COVERED!)**

Comments and Details – use this space to provide details to any questions answered YES above.

- 5. Is pest control operation a full-time business for Applicant? Yes No
If no, what is primary occupation? _____

- 6. Does Applicant perform any non-pest control services such as Janitorial, Carpentry? Yes No
Excavation/Grading, Insulation, Roofing, Plumbing or General Construction? Yes No
If **YES**, please list: _____

- 7. Do you use subcontractors Yes No
If **YES**: Do you get Certificates of Insurance from all sub-contractors? Yes No
Are you an Additional Insured on any sub-contractors policies? Yes No
Do you obtain a Waiver of Subrogation from all sub-contractors? Yes No

- 8. Please list product(s) used:
For Pest Control: _____
For Termite/WDI Control: _____
For Rodent Control: _____
Other: _____

- 9. Would you like to be contacted regarding coverage for Workers' Compensation, Auto, Umbrella/Excess, Employment Practices Liability, or Property? (coverages may not be available in some states) Yes No

- 10. Would you like a loss control call? Yes No

- 11. **Do you need coverage for your equipment?** Yes No
Total Value of Equipment to be Covered: \$ _____
Equipment Coverage requires completion of the Equipment Schedule before binding!

Physical Locations, Description of Operations & Gross Receipts

WE **MUST** HAVE AN ACTUAL PHYSICAL ADDRESS, CITY, STATE, ZIP, COUNTY/PARISH AND AN ESTIMATE OF GROSS RECEIPTS FOR EACH TYPE OF WORK THAT IS PERFORMED AT EACH LOCATION.

Please be aware that this is an auditable policy based on estimated receipts and, as such, you could receive an invoice of additional premium due or a refund of overpaid premium after the expiration of the policy period.

LOCATION 1: Address: _____ City: _____ State: _____ Zip: _____

Is this location inside the city limits? Yes No County/Parish: _____

Is this your primary location? Yes No

If you have other locations, please make a copy of this page and list each location's receipts separately.

1. Pest Control (Commercial and Residential)

General Pest \$ _____

Mosquito Control \$ _____ What type? _____

Wildlife Control \$ _____

What procedures, products, methods, & equipment (including the use of firearms) are used in controlling/trapping and in the release/extermination/disposal of animals? _____

Retail Sales of Pesticides \$ _____

Do you reformulate or repackage pesticides for retail use? Yes No

Bed Bugs \$ _____

Dry Heat Used? Yes No

2. Lawn & Ornamental

Herbicidal Spraying \$ _____

Tree Trimming \$ _____

Landscape Gardening \$ _____

Right-of-Way Spraying \$ _____

Lawn Maintenance \$ _____

Irrigation \$ _____

Aquatic Spraying \$ _____

Other \$ _____

Weed Control \$ _____

Description _____

3. Termite Services (Includes treatments, pre-treats, annual renewal inspections, and damage repair services)

Termite Treatment \$ _____

Moisture Control \$ _____

Repairs/Carpentry \$ _____

4. WDI/WDO Inspections Without Treatment (Wood Destroying Insect/Organism Reports) - Inspections for real estate transactions and/or refinancing only; DOES NOT include annual renewal inspections for structures under contract where treatments were performed by you.

Average Cost per Inspection \$ _____

Total Number of Paid Inspections/yr. _____

Any Free Inspections? Yes No

Total Receipts (cost X number of inspections) \$ _____

If **YES**, how many? _____

5. Fumigation (In House/Direct) \$ _____

Fumigation operations require completion of the FUMIGATION SUPPLEMENTAL PART

6. Subcontracted Services

Please list services subcontracted	A.	B.	C.
Gross Receipts	\$ _____	\$ _____	\$ _____
Cost of Subcontractor	\$ _____	\$ _____	\$ _____
Net Receipts	\$ _____	\$ _____	\$ _____

7. Other Types of Work and Receipts

List here: _____ \$ _____

TOTAL ESTIMATED GROSS RECEIPTS FOR LOCATION 1: \$ _____

Limits Desired (Limits may not be available in all states)

- | | |
|---|---|
| <input type="checkbox"/> \$100,000 per Occurrence/Aggregate | <input type="checkbox"/> \$1,000,000 per Occurrence/\$5,000,000 Aggregate |
| <input type="checkbox"/> \$100,000 per Occurrence/\$300,000 Aggregate | <input type="checkbox"/> \$2,000,000 per Occurrence/Aggregate |
| <input type="checkbox"/> \$200,000 per Occurrence/\$300,000 Aggregate | <input type="checkbox"/> \$2,000,000 per Occurrence/\$3,000,000 Aggregate |
| <input type="checkbox"/> \$300,000 per Occurrence/\$600 Aggregate | <input type="checkbox"/> \$2,000,000 per Occurrence/\$4,000,000 |
| <input type="checkbox"/> \$350,000 per Occurrence/Aggregate | <input type="checkbox"/> \$2,000,000 per Occurrence/\$5,000,000 Aggregate |
| <input type="checkbox"/> \$500,000 per Occurrence/Aggregate | <input type="checkbox"/> \$3,000,000 per Occurrence/Aggregate |
| <input type="checkbox"/> \$500,000 per Occurrence/\$1,000,000 Aggregate | <input type="checkbox"/> \$3,000,000 per Occurrence/\$4,000,000 Aggregate |
| <input type="checkbox"/> \$1,000,000 per Occurrence/Aggregate | <input type="checkbox"/> \$3,000,000 per Occurrence/\$5,000,000 Aggregate |
| <input type="checkbox"/> \$1,000,000 per Occurrence/\$2,000,000 Aggregate | <input type="checkbox"/> \$4,000,000 per Occurrence/Aggregate |
| <input type="checkbox"/> \$1,000,000 per Occurrence/\$3,000,000 Aggregate | <input type="checkbox"/> \$4,000,000 per Occurrence/\$5,000,000 Aggregate |
| <input type="checkbox"/> \$1,000,000 per Occurrence/\$4,000,000 Aggregate | <input type="checkbox"/> \$5,000,000 per Occurrence/Aggregate |

Deductible (Deductibles may not be available in all states and cannot exceed 1% of receipts)

- \$500 \$1000 \$2500 \$5000 \$10,000

Claims History

Have you had any claims during the past 3 years? This includes all claims whether or not reported to your insurer or whether payments were made. Check here if none:

Currently-valued three-year loss runs must be attached to application.

Policy Year	Carrier	Premium	Date of Loss	Amount Incurred	Description of Loss

Any attempt to falsify claims history could result in cancellation of your policy or denial of coverage should a claim occur.

By acceptance of an insurance policy based on this application, the Insured and/or his representative agrees that the statements in this application are the Insured's representations, that they shall be deemed material and that the insurance policy is issued in reliance upon the truth of such representations, and that the insurance policy embodies all agreements existing between the Insured and the Company, or any of its agents, relating to this insurance. The Insured acknowledges that this application is a part of the insurance policy.

Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and (NY: Substantial) civil penalties. (Not applicable in CO, HI, NE, OH, OK, or VT: in DC, LA, ME and VA, insurance benefits may also be denied).

This signed application (whether manually or electronically) is my authorization to insurance companies listed on this application to provide premium and loss data as requested.

Broker/Agent

Applicant

Date

Date