



Applicant Name:

Mailing Address: City: State: Zip:

Website: Contact's Name & Title:

Contact Phone Number: Contact's Email:

Requirements to accompany submission:
3-5 year loss runs.

General Information

1. Year business started:

2. Total years of experience in the pest control industry:

3. Is your business a member of any trade association(s)? ☐ Yes ☐ No
If yes, please list each:

4. Do you currently have insurance coverage? ☐ Yes ☐ No
List current insurance carrier:
Premium: \$

5. Have you had any losses in the last 3 years (include a copy of your loss history from prior carrier)? ☐ Yes ☐ No
If yes, describe:

6. Have you ever received a fine or disciplinary action against your pest control license? ☐ Yes ☐ No
If yes, describe:

Pest Control Operations

1. What are your gross annual sales? \$

2. Please indicate your percentage of operations in each of the following (must add up to 100%):

Insect/Rodent Control: %	Animal Trapping: %	Termite Control: %
Lawn Care Services: %	Tree Care Services: %	Bed Bug Removal: %
Other : %		

NOTE: The following services are not eligible for coverage under our program. If you have any of the following services, your application will be declined:

Agricultural crop spraying
Tenting or Fumigating
Retail sales of chemicals from a storefront
Removing birds or other animals from airports

Application of chemicals from an aircraft or irrigation system
Treatment of private ponds, lakes, streams, or any body of water
Treatment of marijuana
Treatment of crops in storage

3. Please indicate the number of employees: Full-time: Part-time:

4. Are subcontractors used? ☐ Yes ☐ No

If yes, what is the total cost? \$

What types of jobs are subcontracted out?

5. What percentage of your customers are: Commercial: % Residential: %

Pesticide / Herbicide Application

1. Are you licensed for application of pesticides and/or herbicides? ☐ Yes ☐ No

2. Are all technicians licensed to use pesticides and/or herbicides? ☐ Yes ☐ No

Do technicians use a checklist to ensure accurate chemical concentrations are used? ☐ Yes ☐ No

Is training provided to the technicians in this area? ☐ Yes ☐ No

3. Do you use DEET? ☐ Yes ☐ No

4. How many gallons of pesticides and/or herbicides are kept on hand? gallons

Where are chemicals stored?

Are chemicals in locked storage when not in use? ☐ Yes ☐ No

Describe the area surrounding the storage facility:

Is a log kept in order to track which technician is using the chemicals? ☐ Yes ☐ No

5. How are excess pesticides and/or herbicides disposed of?

Record Keeping

1. Do you have a service contract your customers must sign? ☐ Yes ☐ No *If yes, please attach a copy*

2. How long are records retained? years

3. Do customer records include dates of past and current services? ☐ Yes ☐ No

4. Are accidents and customer complaints documented? ☐ Yes ☐ No

5. Are employees trained in handling accidents and complaints? ☐ Yes ☐ No

6. Do you have a formal safety program? ☐ Yes ☐ No

7. For the employees, is there a safety training manual? ☐ Yes ☐ No *If yes, please attach a copy*

8. Do you conduct regular safety meetings with your employees? ☐ Yes ☐ No

9. Do employees sign documents stating they have received safety training? ☐ Yes ☐ No

I DECLARE THAT THE STATEMENTS MADE IN THIS SUPPLEMENTAL ARE COMPLETE AND TRUE

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits a supplemental or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to criminal and civil penalties. Any changes in your operation must be reported to your agent. **(Not applicable in MN, NY, OR, or WA)**

Minnesota: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New York: 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 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 be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or state claim for each violation.

Oregon: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

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.

Insured's Signature:

Date:

Agents's Signature:

Date:

PRINT

Please submit completed application to your Independent Insurance Agent in electronic or printed format.

Western National Insurance Group**Central Region**

4700 West 77th Street, Edina, MN, 55435

Western Region

9706 4th Ave NE, Suite 200 Seattle, WA 98115

www.wnins.com

Umialik Insurance Company725 E. Firewood Lane, Ste. 500
Anchorage AK 99503

www.umialik.com

Michigan Millers Insurance

2425 E. Grand River Avenue, Lansing, MI 48912

Specialty Insurance Solutions

1600 Aspen Commons Ste 520, Middleton, WI 53562

www.mimillers.com