



CONTRACT DIVISION - PEST CONTROL - SUPPLEMENTAL APPLICATION

ACORD Application also required -Check all applicable check boxes below

General Agent:

Date:

Insured:

Insured Mailing Address:

Insured's Web Address:

Insured Contact Name:

Phone Number:

YEARS IN BUSINESS / EXPERIENCE

_____ Years in business as the 'Named Insured' indicated on this application

_____ Years' experience in the operations indicated on this application - Attach resumes if available

Has applicant had an insurance policy cancelled or non-renewed in past 3 years? If yes, explain.
'Missouri Applicants - Do not answer this question)

Applicant in receivership

Bankruptcy (Chapter 7, 11 or 13) has been filed in past 5 years

LICENSING

Licensed License Number: _____ Year License Issued: _____

Types of Licenses held: _____

CONTRACTS

Written contracts are always used with third parties. If not, explain:

LOSS HISTORY / VIOLATIONS HISTORY

3 years of loss history information provided

Environmental and/or agricultural violations have occurred

Prior suspensions or revocations of pesticide applicator license(s) have occurred

OPERATIONS / EXPOSURES

States where work is anticipated during the policy term:

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SUBCONTRACTORS

- Uninsured subcontractors are not acceptable. Exceptions are allowed in Texas subject to Company guidelines
- **Describe type of work performed by subcontractors:**

- A.I.A. Standards followed when establishing contracts with subcontractors
- Additional Insured – Status granted to you on the subcontractor’s policy
- Certificates of Insurance - Always obtained from a subcontractor prior to any work being done for you.
- Hold Harmless and Indemnification Agreements – Required from subcontractors
- Job to Job - Same set(s) of subcontractors usually used
- Limits of Liability - Subcontractors are required to carry limits equal or above your own
- Uninsured Subcontractors – Sometimes used – Explain:

- Workers Compensation (if applicable) – Subcontractors required to have their own WC

CHEMICALS

List here if certification/permit required: _____

EMPLOYEES

- Total Number of Employees (include leased employees: _____)
- Describe type of work performed by employees:

PAYROLLS / COSTS

All Owner Payroll (Cap at \$16,000 per Owner)	\$
All Employee Payroll (if any)	\$
All Leased Employee Payroll (if any)	\$
Cost of Insured Subs (if any)	\$
Cost of Uninsured Subs (if any)	\$

RECEIPTS

Pest Control	\$
Landscaping	\$
Other (describe):	\$
TOTAL Receipts for All Operations	\$

DISCONTINUED OPERATIONS / DISCONTINUED NAMED INSURED

- Acted in the capacity of a General Contractor and/or Construction Project Manager on new-ground-up residential construction (defined as apartments, condos, co-ops, homes or townhomes) in past 10 years.
- Discontinued Operations for this application’s Named Insured(s) in the past 10 years. Provide details below:

- Operated under a different 'Named Insured(s)' in the past 10 years. Indicate the Named Insured(s) and corresponding operations for the Named Insured(s) below: _____

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COVERAGE OPTIONS - LIABILITY (check if you would like an optional quote on any of the following)

- Employee Benefit Liability – U058
- Employment Practices Liability Insurance – U817 (Not available in AR, LA, MT, NM, NY, VT)
- High Limits General Liability
- Identity Recovery (i.e. Identity Theft) – U651
- Landscapers – Care, Custody and Control – U682
- Medical Expense Limit of \$10,000 rather than \$5,000
- Overspray Coverage Limitation – U679
- Stop Gap Liability – U066
- Storage Tank Pollution Liability - For all appointed Argo Pro (Environmental) agents, Storage Tank Pollution Liability Coverage is available. Ask your agent for a complete application for Storage Tank Pollution Liability Insurance if this coverage is needed. Forward all applications to: env@colonyins.com

COVERAGE OPTIONS - PROPERTY (check if you would like an optional quote on any of the following)

- Building Ordinance or Law (Increased Cost of Construction) – U750
- Equipment Breakdown – U522 & U523
- Property Coverage Enhancement: Bronze – U777C Silver – U777B or Gold – U777A
- Signs (Outdoor) – CP1440
- Water Back Up and Sump Overflow – U548

GENERAL FRAUD STATEMENT (Not applicable in all states.)

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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

The undersigned is an authorized representative of the applicant and certifies that reasonable inquiry has been made to questions on this application. He/She certifies:

- *The answers are true, correct and complete to the best of his/her knowledge.*
- *They agree to the Privacy and Fraud provisions found in the ACORD-125 (Commercial Insurance Application) and understand those provisions also apply to this supplemental application.*

SIGN AND DATE

PRODUCER'S SIGNATURE	DATE
APPLICANT'S PRINTED NAME	DATE
APPLICANT'S SIGNATURE	DATE