

**Pesticide/Herbicide Applicators Supplemental Questionnaire**  
General Agency

**Notice: This Questionnaire becomes part of the policy and must be signed in ink by the President, Owner or Authorized Representative of the Applicant.  
Any coverage we issue is due to the reliance of the truth and accuracy of the statements in this Questionnaire.  
This document must be completed in addition to the ACORD Application.**

1. Name of Applicant: \_\_\_\_\_

2. Certified Applicators' Name(s): \_\_\_\_\_

\_\_\_\_\_

3. Applicators' license # and categories: \_\_\_\_\_

\_\_\_\_\_

4. What year did you take over management of this business? \_\_\_\_\_

5. Is this business? Full time (30 hours or more a week)     Yes     No

Part time (less than 30 hours a week)     Yes     No

6. What is the experience in pest control or herbicide application of?

Manager \_\_\_\_\_

Employee \_\_\_\_\_

7. Indicate by percent the types of accounts you service:

Type of Business	% of Work	Type of Business	% of Work	Type of Business	% of Work
Apartments		Golf Courses		Offices	
Churches		Hospitals		Restaurant/Bars	
Dwellings		Industrial Buildings		Schools	
Farms/Ranches		Nursing Homes		*Other	

\*For "Other", explain: \_\_\_\_\_

\_\_\_\_\_

8. Do you sell any chemicals that are not pre-mixed prior to receipt by you?     Yes     No

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

\_\_\_\_\_

9. Do you use any chemicals that are not approved for use by federal, state or local laws or regulations?

Yes     No

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

\_\_\_\_\_

10. Do you mix chemicals on the insured premises?     Yes     No

List the chemicals and solution characteristics (chemicals with a flashpoint under 140 degrees F):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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11. Show payroll, subcontract cost and receipts for each of the following (explain any with an\*):

<u>Service</u>	<u>Payroll</u>	<u>Sub Cost</u>	<u>Receipts</u>
a. Aerial Spraying	_____	_____	_____
b. "Chemical Sales	_____	_____	_____
c. *Fertilizer Application	_____	_____	_____
d. Fumigation	_____	_____	_____
e. General Household Pest Control	_____	_____	_____
f. Landscape Gardening	_____	_____	_____
g. Lawn/Yard Pest Control	_____	_____	_____
h. Spraying or Fumigation:	_____	_____	_____
1) Crops (growing or standing)	_____	_____	_____
2) Crops (stored or in transit)	_____	_____	_____
3) Lakes or ponds	_____	_____	_____
4) Railroad cars	_____	_____	_____
5) Railroad right-of-way	_____	_____	_____
6) Rivers	_____	_____	_____
7) Shrubs or bushes	_____	_____	_____
8) *Trees	_____	_____	_____
9) Ships	_____	_____	_____
10) Storage tanks	_____	_____	_____
i. Termite control	_____	_____	_____
j. Termite inspection	_____	_____	_____
*k. Tree trimming or removal	_____	_____	_____

\*(Explanations): \_\_\_\_\_  
\_\_\_\_\_

12. If you subcontract any work, do you obtain a certificate of insurance from your subs prior to them performing any work on your behalf for:

General Liability:                     Yes     No                    Limits: \_\_\_\_\_

Do you obtain a certificate of insurance from your subcontractors showing they provide Workers Comp to their employees before you allow them to enter your jobsite?     Yes     No

13. Do you use the following?

Casual Labor:                     Yes     No

Leased Employees:             Yes     No

14. How are flammable and combustible chemicals stored?

- Flammable Chemicals -  N/A
  - NFPA 30 fire resistive cabinets:  Yes  No
  - Separate room?  Yes  No
  - Above-ground tanks:  Yes  No  N/A
  - Underground tanks:  Yes  No  N/A
    - Separate building - Building # \_\_\_\_\_
    - Outdoor metal shed - Building # \_\_\_\_\_
    - Warehouse - Building # \_\_\_\_\_
    - Other \_\_\_\_\_

15. List expiring carrier information for the past 3 years:

	Carrier	Limit	Deductible	Premium	Special Exclusions
EXPIRING					
1 <sup>st</sup> PRIOR					
2 <sup>nd</sup> PRIOR					

16. Loss History for the past five (5) years:

Policy Year	Aggregate Losses	No. of Claims	Largest Single Loss	Comments

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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 and subjects that person to criminal and/or civil penalties (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties). (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation). **(Other state specific notifications shown below).**

**Applicable in AL, AR, AZ, DC, LA, MD, NM, RI and WV:** Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines or confinement in prison.

**Applicable in Colorado:** 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.

**Applicable in Florida and Oklahoma:** 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 (In FL, a person is guilty of a felony of the third degree).

**Applicable in Kansas:** 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 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.

**Applicable in Maine, 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 may include imprisonment, fines or a denial of insurance benefits.

**Applicable in Pennsylvania:** 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.

Completion of this form does not bind coverage or commit the Company to policy issuance.

Applicant: \_\_\_\_\_

Producer: \_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Producer Signature: \_\_\_\_\_