

# Pest Control Services Supplemental Application

(Complete in addition to ACORD)

1. Name of Applicant: \_\_\_\_\_
2. Please show number of: Partners/Owners \_\_\_\_\_ Full-Time Staff \_\_\_\_\_ Part-Time Staff \_\_\_\_\_  
 What training is provided for new employees? \_\_\_\_\_  
 Are new employees supervised until training is completed?  Yes  No
3. Do all your applicators carry pesticide/herbicide licenses?  Yes  No
4. Are you licensed?  Yes  No
5. Are you a member of the National Pest Control Association (NPCA)?  Yes  No
6. Annual Gross Sales: \$ \_\_\_\_\_ Annual Payroll \$ \_\_\_\_\_
7. Do you subcontract work to others?  Yes  No  
 If yes, what type of work? \_\_\_\_\_ Annual cost of subcontractors: \$ \_\_\_\_\_  
 Are subs required to carry CGL and Workers Compensation?  Yes  No At what limits? \_\_\_\_\_  
 Do you require them to name you as an Additional Insured on their policy?  Yes  No  
 Are certificates of insurance obtained?  Yes  No

	% Done By You/Your Employees	% Sub- contracted Out	Not Done
<b>Operations</b>			
Bed Bug treatment (Attach copy of bed bug contract indicating no warranties or guarantees are provided.)			
Carpentry / Repairs			
Crop dusting/spraying or other agricultural application			
Exterminating			
Fogging			
Fumigation			
Inspections performed as part of a real estate transaction			
Rodent / Animal Removal			
Tenting			
Termite inspections without treatment (excluding inspection reports for homes treated previously.) (If performed, attach copy of "inspection report" given to clients for this service.)			
Termite treatment			
Other – (please describe)			
<b>Total</b> (must equal 100%)			

9. Do you use gas to treat/control termites?  Yes  No
10. If you are a pure inspection company, without treatment, do you have E&O Liability Coverage?  Yes  No  
 Carrier: \_\_\_\_\_ Limits: \$ \_\_\_\_\_ / \_\_\_\_\_
11. Do you engage in any drilling operations as part of the pesticide application?  Yes  No  
 If yes, what precautions are taken to avoid drilling into service lines: (i.e., gas, water, oil, etc.) \_\_\_\_\_
12. Do you perform wood destroying organism inspections?  Yes  No  
 Number of inspections performed annually for real estate closings: \_\_\_\_\_
13. Do you perform large animal control (such as alligators, bears, wild boars, wild cats, etc.)?  Yes  No  
 If yes, please explain: \_\_\_\_\_

14. Do you perform bird control/extermination at or near airports?  Yes  No
15. What percentage of your work is performed in the following areas:  
 Residential \_\_\_\_% Commercial \_\_\_\_% Industrial \_\_\_\_%  
 If commercial or industrial work is performed, please list type of clients and where on premises work is done: \_\_\_\_\_
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16. If client is a restaurant, do you conduct all spraying and treatment when restaurant is closed?  Yes  No  
**We do not accept any treatment or spraying while the restaurant is open.**
17. If you perform bed bug treatment and elimination, describe your inspection, treatment and elimination procedures: \_\_\_\_\_
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18. Do you perform any foaming operations?  Yes  No  
 If yes, with small hand pump or with large battery or 110V AC unit (foam blasters)? \_\_\_\_\_  
 Describe precautions taken when using foam to prevent it from "escaping" to unintended areas: \_\_\_\_\_
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19. Do you do any radon testing?  Yes  No  
 If yes, who does the analysis? \_\_\_\_\_  
 Do you do any radon remediation?  Yes  No
20. Do you or have you used EPA "restricted-use" pesticides?  Yes  No  
 If yes, EPA license number: \_\_\_\_\_  
 Where and when are EPA restricted-use pesticides used? \_\_\_\_\_  
 Why is it necessary to use EPA restricted-use pesticides? \_\_\_\_\_
21. Provide details of chemical storage: \_\_\_\_\_  
 Are storage areas locked?  Yes  No  
 Are warning signs posted?  Yes  No  
 Are flammable pesticides stored in a fire resistive cabinet or shed?  Yes  No
22. Additional Coverages:  
 Property Damage Coverage Extension **(Check one)**:  
 \$5,000/\$25,000     \$10,000/\$25,000     \$25,000/\$25,000     \$50,000/\$50,000     \$100,000/\$100,000  
 Other \$ \_\_\_\_\_ / \_\_\_\_\_  
 Lost Key Coverage Extension **(Check one)**:  
 \$5,000/\$5,000     \$10,000/\$25,000     \$25,000/\$25,000  
 Wood Destroying Organism Inspection Coverage (Sublimits available vary by state). **Please check box if desired.**   
 Pest Control In-Transit Pollution Coverage (Sublimits available vary by state). **Please check box if desired.**

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Producing Agent