



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 \$ _____ Yes No
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

Operations	% Done By You/Your Employees	% Sub- contracted Out	Not Done
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)			
Total (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: _____

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: _____

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: _____

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/\$25,000 \$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