

PESTICIDE/HERBICIDE APPLICATORS QUESTIONNAIRE
(Complete in Addition to Acord Application)

1. Name of Applicant: _____
2. Certified Applicators' Name(s): _____

3. Applicators' license # and categories: _____

4. Is this business: Full time (30+ hours/week)? Yes No
 Part time? Yes No
 Experience in pest control or herbicide application? Manager _____ Employee _____

5. Indicate by percent the types of accounts you service:
- | | | | | | |
|---------------|---------|---------------|---------|------------------|---------|
| Apartments | _____ % | Golf Courses | _____ % | Offices | _____ % |
| Churches | _____ % | Hospitals | _____ % | Restaurants/Bars | _____ % |
| Dwellings | _____ % | Industrial | _____ % | Schools | _____ % |
| Farms/Ranches | _____ % | Nursing Homes | _____ % | *Other | _____ % |

*For "Other", explain: _____

6. 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. Gen'l 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	_____	_____	_____

<u>Service</u>	<u>Payroll</u>	<u>Sub Cost</u>	<u>Receipts</u>
9) ships	_____	_____	_____
10) storage tanks	_____	_____	_____
11) termite control	_____	_____	_____
12) termite inspection	_____	_____	_____
13) *tree trimming or removal	_____	_____	_____

*(Explanations): _____

7. 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: _____

Workers' Compensation: Yes No

8. Do you use the following:

Casual Labor: Yes No

Leased Employees: Yes No

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

If yes, explain: _____

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

Yes No

If Yes, explain: _____

11. Do your employees drive their own vehicles to each job site? Yes No If Yes, number of such employees: _____. If yes, do you require proof of auto liability insurance of each employee: Yes No If yes, what limit do you require? _____

The Applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

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

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicant: _____

Producer: _____

Signature: _____

Date: _____

Producer Signature: _____