



New England Excess Exchange, Ltd.

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# PEST CONTROL/EXTERMINATOR SERVICES GENERAL LIABILITY SUPPLEMENTAL APPLICATION

**ALL QUESTIONS MUST BE ANSWERED IN FULL AND APPLICATION MUST BE SIGNED AND DATED BY INSURED.**

Named Insured \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street City County State Zip Code

### Limits Requested

Limited Coverage – Wood Destroying Organisms (mandatory for termite work)

Indicate limits requested: \$ \_\_\_\_\_ Occ \$ \_\_\_\_\_ Agg.

**(Submit over \$100/300 for pricing)**

### Deductible

\$500 Minimum Property Damage Deductible is required.

500     750     1,000     1,500     2,000     2,500

1. Do you do termite work?     Yes     No

If yes:

a. Inspection without Treatment (% of total sales) \_\_\_\_\_

b. Inspection with Treatment (% of total sales) \_\_\_\_\_

2. Do you perform bed bug eradication?     Yes     No

a. If yes, what % of receipts. \_\_\_\_\_

b. Describe process, chemicals used. \_\_\_\_\_

3. Is there any record of suspension, warning, or other activity due to failure to meeting licensing requirements?

Yes     No    If yes, please explain: \_\_\_\_\_

4. Provide the names and certification information for all applicators:

Name	Years Experience	Certified Commercial Applicators License	Duties
		<input type="checkbox"/> Yes <input type="checkbox"/> No State _____ Lic # _____	
		<input type="checkbox"/> Yes <input type="checkbox"/> No State _____ Lic # _____	
		<input type="checkbox"/> Yes <input type="checkbox"/> No State _____ Lic # _____	
		<input type="checkbox"/> Yes <input type="checkbox"/> No State _____ Lic # _____	

5. Loss Prevention Control – Procedures established for:

a. Employees:    Screening     Yes     No

                          Training     Yes     No

                          Supervised by licensed operator     Yes     No

b. Record keeping (documentation of chemical application including customer name and location, chemicals used, amounts applied, and date of application).     Yes     No

c. Equipment, waste, storage container maintenance/disposal.     Yes     No

d. Emergencies/Incidents     Yes     No

6. Describe the training program for non-certified employees. \_\_\_\_\_

7. Do you require employees who apply chemicals to be certified pesticide applicators?  Yes  No
8. Do you make follow-up visits after a pest treatment?  Yes  No  
If yes, how long after treatment? \_\_\_\_\_
9. Do you make follow-up phone calls after a pest treatment?  Yes  No  
If yes, how long after treatment? \_\_\_\_\_
10. Have you ever performed treatments or inspections to homes constructed with any type of exterior insulation finishing or synthetic stucco system?  Yes  No If yes, number of homes treated. \_\_\_\_\_ If no, how do you avoid treating such structures? \_\_\_\_\_
11. Do you provide pre-treatments to new structures?  Yes  No Chemicals used for pre-treatments. \_\_\_\_\_
12. Are technicians specially trained for pre-treatment work?  Yes  No
13. Are label directions for application and chemical amount strictly followed?  Yes  No
14. Are there any operations involving fumigating, crop spraying or radon analysis?  Yes  No  
If yes, explain: \_\_\_\_\_
15. What is the average value of chemical inventory? \$ \_\_\_\_\_
16. Does applicant exterminate other than insects or small household pests?  Yes  No  
If yes, please explain: \_\_\_\_\_
17. Indicate the percentage of the type of clients you serve (must equal 100%):
- |                                |                                                |
|--------------------------------|------------------------------------------------|
| _____ % Commercial/Industrial  | _____ % Residential                            |
| _____ % Food Processors        | _____ % Restaurants                            |
| _____ % Municipalities         | _____ % Hospitals/Health Care Facilities (17A) |
| _____ % Pre-treatments         | _____ % Schools/Day Care Centers (17B)         |
| _____ % Other (Describe) _____ |                                                |
18. Do any operations involve propane, oxygen or heat?  Yes  No  
If yes, explain: \_\_\_\_\_
19. Does applicant perform bird control/extermination at or near airports?  Yes  No
20. Does applicant install and/or repair insecticide misting systems?  Yes  No
21. Does applicant have other business ventures for which coverage is not requested?  Yes  No  
If yes, please explain and advise where insured. \_\_\_\_\_

**FRAUD STATEMENTS**

**FLORIDA:** 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 of the third degree.

Refer to the Core Application for all Fraud Statements.

**SIGNATURES**

\_\_\_\_\_  
Applicant's Signature Title Date

\_\_\_\_\_  
Producer's Signature Date