

**Exterminators General Liability Supplement**

Applicant's Name _____	Agency Name _____
Mailing Address _____	Contact _____
_____	Phone _____
Web Site Address _____	Producer No. _____

**ANSWER ALL QUESTIONS-IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE"**

1. How long has applicant been in business? \_\_\_\_\_ years \_\_\_\_\_ Full Time    \_\_\_\_\_ Part Time
2. Does applicant exterminate other than insects or small household pests? \_\_\_\_\_ Yes    \_\_\_\_\_ No  
If yes, explain: \_\_\_\_\_
3. Does applicant perform bird control/extermination at or near airports? \_\_\_\_\_ Yes    \_\_\_\_\_ No
4. Does applicant subcontract work? \_\_\_\_\_ Yes    \_\_\_\_\_ No  
If yes: Annual subcontract cost: \$ \_\_\_\_\_  
Type of work subcontracted: \_\_\_\_\_  
Are Certificates of Insurance obtained? \_\_\_\_\_ Yes    \_\_\_\_\_ No  
Minimum limits that subcontractors are required to carry: \_\_\_\_\_

**DESCRIPTION OF OPERATIONS**

Operation	Sales	% of Operation
a. Termite Inspections without Treatment (do not include sales for renewal inspections where a previous treatment by you has been done)	\$ _____	_____ %
b. Termite Treatment and Renewal Inspections	\$ _____	_____ %
c. Carpentry (Payroll) \$ _____	\$ _____	_____ %
d. Exterminating: Residential	\$ _____	_____ %
Commercial	\$ _____	_____ %
e. Fumigation: Residential	\$ _____	_____ %
Commercial	\$ _____	_____ %
f. Crop Dusting or Spraying	\$ _____	_____ %
g. Tenting	\$ _____	_____ %
h. Highway Right of Way Maintenance	\$ _____	_____ %
i. Other-Please Describe: _____	\$ _____	_____ %
<b>Total Sales</b>	<b>\$ _____</b>	<b>100%</b>

5. Does applicant perform radon testing? \_\_\_\_\_ Yes    \_\_\_\_\_ No  
If yes, describe the procedure: \_\_\_\_\_  
Who performs the analysis? \_\_\_\_\_
6. Do any operations involve propane, oxygen or heat? \_\_\_\_\_ Yes    \_\_\_\_\_ No  
If yes, describe: \_\_\_\_\_
7. Does applicant inspect for mold? \_\_\_\_\_ Yes    \_\_\_\_\_ No
8. Does applicant advise clients that he does or does not inspect for mold? \_\_\_\_\_ Yes    \_\_\_\_\_ No
9. Does applicant perform any mold remediation? \_\_\_\_\_ Yes    \_\_\_\_\_ No
10. Does applicant subcontract mold remediation? \_\_\_\_\_ Yes    \_\_\_\_\_ No
11. Does applicant have other business ventures which coverage is not requested? \_\_\_\_\_ Yes    \_\_\_\_\_ No
12. During the past three years, has any company ever canceled, declined or refused to issue similar insurance to the applicant? \_\_\_\_\_ Yes    \_\_\_\_\_ No  
If yes, explain and advise \_\_\_\_\_

**EMPLOYEE DATA**

Number of Owner(s) only: \_\_\_\_\_ Exterminators: \_\_\_\_\_ Full Time    \_\_\_\_\_ Part Time

Insured Signature \_\_\_\_\_ Date: \_\_\_\_\_