



AGENTS INSURANCE MARKETS, INC.

P. O. Box 71360
Richmond, VA 23255-1360

800-627-0505 (Phone)/804-285-4945(Fax)

PEST CONTROL APPLICATION

1. Applicant's Name: _____
 Business Name: _____
 Mailing Address:
 Street address _____
 City _____ State _____ Zip _____
 Applicant's Web Site Address _____

Location Address:
 Street address _____

City _____ State _____ Zip _____
 Contact Name _____ Contact Phone Number: _____

Are there any branch offices? Yes No

If yes, provide addresses: _____

2. Individual Corporation Partnership Other (Explain) _____

3. Please show number of: Partners/Owners _____ Part-time staff _____
 Full-time staff _____ Other _____

What training is provided for new employees? _____

Are new employees supervised until training is completed? Yes No

4. No. of years in business ____ No. of years experience ____ License class/number _____

5. Annual gross sales \$ _____ 6. Annual payroll \$ _____

7. Does applicant subcontract work to others? Yes No

If yes, what type of work? _____ Annual cost of subs \$ _____

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

8.

Operations	% done by you/your employees	% subcontracted out	Not done
Termite inspections without treatment (excluding inspection reports for homes treated previously). (If yes, attach copy of "inspection report" given to clients for this service.)			
Termite treatment			
Exterminating			
Fumigation			
Crop dusting/spraying			
Tenting			
Carpentry / Repairs*			
Fogging			
Rodent / Animal Removal			
Other – (please describe)			
TOTAL (must equal 100%)			

*If Carpentry / Repair work is done, please provide details: _____

Residential _____% Commercial _____% Industrial _____%

9.

If commercial or industrial work, please list the type of clients: _____

10.

Does insured perform any foaming operations? Yes No
 If yes, with small hand pump or with large battery or 110VAC units (foam blasters)? Yes No
 Describe precautions taken when using foam to prevent foam from "escaping" to unintended areas. _____

11.

Does insured do any radon testing? Yes No
 If yes, who does the analysis? _____
 Does insured do any radon remediation? Yes No

12.

Does or has the applicant used EPA "restricted use" pesticides? Yes No
 If yes, EPA license number _____
 Where and when are EPA restricted use pesticides used? _____
 Why necessary to use EPA restricted use pesticides? _____
 Attach a list of actual EPA restricted (use) chemicals used.

13.

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

14. Limits of Liability requested
- General Aggregate Limit (Other than Products-Completed Operations) \$ _____
- Products-Completed Operations Aggregate Limit \$ _____
- Personal and Advertising Injury Limit \$ _____ any one person or organization
- Each Occurrence Limit \$ _____
- Damage to Premises Rented to You (up to \$50,000 limit available) \$ _____ any one premise
- Medical Expense Limit (up to \$5,000 limit available) \$ _____ any one person
- Each Professional Incident Limit (if applicable) \$ _____

Effective Dates Desired From: _____ To: _____

• Property Damage Coverage Extension:

- Check one Premium
- \$5,000/\$25,000 included
- \$10,000/\$25,000 \$86
- \$25,000/\$25,000 \$115
- \$50,000/\$50,000 \$144
- \$100,000/\$100,000 \$173

• Lost Key Coverage:

- Check one Premium
- \$5,000/\$5,000 included
- \$10,000/\$25,000 \$58
- \$25,000/\$25,000 \$86

15. Deductible: \$ _____ per claim (**\$250 minimum**)

16. Property information (if applicable):

Building: Construction type _____ Protection class _____

Year built _____

Year of update: Wiring _____ Plumbing _____ Heating _____ Roof _____

Protective Safeguards: Sprinklers _____ % Smoke detectors: Yes No

Fire Alarms Yes No If yes, central station _____ or local gong _____?

Burglar Alarm Yes No If yes, central station _____ or local gong _____?

SUBJECT OF INSURANCE	AMOUNT	COINS%	VALUATION	CAUSES OF LOSS	DEDUCTIBLE
Building					
Business Personal Property					
Tool Floater*					

*Any one floater item valued over \$1,000 must be scheduled.

17. Additional insureds-describe interests _____
- _____
- _____
- _____
- _____
- _____
- _____

18.

Prior insurance information. If no prior insurance, check here. <input type="checkbox"/>					
Year (3 Years)	Insurance Company	Premium	Loss		Open/Closed
			\$ Paid	\$ Reserve	
Loss descriptions: _____					

19. Is the applicant or any other person for whom insurance is being requested aware of any circumstances which may result in a claim? Yes No

20. Has the applicant or any other person for whom insurance is being requested had their insurance policy cancelled or non-renewed in the past 3 years? If yes, provide details. Yes No

Applicant's Signature: _____ Date: _____

Title: _____ Producing Agent: _____