

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

Name of Applic	ant:							
Certified Applic	eators' Name(s):							
Applicators' lice	Applicators' license # and categories:							
Is this business?	Full time (30 hou	ars or more a week)	☐Yes [	No				
	Part time (less tha	an 30 hours a week)	Yes	No				
What is the expe	erience in pest cont	trol or herbicide applicat	tion of?					
•								
Indicate by per		counts you service:						
mulcate by perc	ent the types of acc	counts you service.						
ype of Business	% of Work	Type of Business	% of Work	Type of Business	% of Work			
partments		Golf Courses		Offices				
nurches		Hospitals		Restaurant/Bars				
vellings rms/Ranches		Industrial Buildings Nursing Homes		Schools *Other				
	II.			1				
		I receipts for each of the		-	Daninka			
Service		<u>F</u>	<u>Payroll</u>	Sub Cost	<u>Receipts</u>			
a. Aerial Spra	_							
b. "Chemical S					-			
c. *Fertilizer A					-			
d. Fumigation								
	usehold Pest Contr	ol						
f. Landscape	•							
_	Pest Control							
	Fumigation:							
1) Crops (	growing or standin							
2) Crops (	stored or in transit)							
3) Lakes of	or ponds							
4) Railroa	d cars							
5) Railroa	1: -1-4 -£							
3) Kamoa	d right-of-way							
6) Rivers	a right-or-way							

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	8) *Trees
	9) Ships
	10) Storage tanks
	i. Termite control
	j. Termite inspection
	*k. Tree trimming or removal
	*(Explanations):
8.	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:  Do you obtain a certificate of insurance from your subcontractors showing they provide Workers Comp to their employees before you allow them to enter your jobsite?  YES NO
9.	Do you use the following?
	Casual Labor:
	Leased Employees:   Yes   No
10.	Do you sell any chemicals that are not pre-mixed prior to receipt by you? Yes
	If yes, explain:
	II yes, explain.
11.	Do you use any chemicals that are not approved for use by federal, state or local laws or regulations?  Yes No
	If Yes, explain:
12.	Do you mix chemicals on the insured premises?
List	t the chemicals and solution characteristics (chemicals with a flashpoint under 140 degrees F):

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14. How are fla	mmable and comb	bustible chemica	als stored	d?				
• Flamm	able Chemicals -	□ N/A						
0	NFPA 30 fire re	esistive cabinets:	□Ye	es 🔲 No				
0	Separate room?		□Ye	es 🔲 No				
0	<ul> <li>Above-ground tanks:</li> </ul>		□Ye	☐Yes ☐ No ☐ N/A				
° [_ 	Underground ta:  Separate buildin  Outdoor metal s  Warehouse - Bu  Other	ng - Building # _ shed - Building # nilding #		es 🗌 No	□ N/A			
15. List expiri	ng carrier inforn	mation for the p	oast 3 y	ears:				
	Carrier	Limit	Dedu	ctible	Premium	Special Exclusions		
EXPIRING								
1 <sup>st</sup> PRIOR								
2 <sup>nd</sup> PRIOR								
16. Loss Hist Policy Year	ory for the past Aggregate Loss		laims	Larges	st Single Loss	Comments		
			laims	Larges	st Single Loss	Comments		
			laims	Larges	st Single Loss	Comments		
			laims	Larges	st Single Loss	Comments		
Policy Year  The Applicant,	Aggregate Loss	ses No. of C				Comments  re true and that no material facts		
The Applicant, have been supp	Aggregate Loss Agent and/or Broressed or misstate	ses No. of C	that the	above stat		re true and that no material facts		
The Applicant, have been supp  Completion of  Any person where the supplement of the	Agent and/or Broverssed or misstate this form does not ho, with intent to	oker represents  t bind coverage of the defraud or kn	that the	above stat	ements and facts a	re true and that no material facts ance.  l against an insurer, submits an		
The Applicant, have been supp  Completion of Any person what application or	Agent and/or Broverssed or misstate this form does not ho, with intent to	oker represents ed.  t bind coverage of the defraud or known taining a false of the de	that the	above state	pany to policy issua	re true and that no material facts ance.  l against an insurer, submits an		
The Applicant, have been supp  Completion of Any person whapplication or Applicant:	Aggregate Loss  Agent and/or Broverssed or misstate this form does not ho, with intent to files a claim continuous contin	oker represents ed.  t bind coverage of the defraud or know taining a false of the defraud or kn	that the	above state	pany to policy issua facilitating a fraudment is guilty of in	re true and that no material facts ance.  l against an insurer, submits an surance fraud.		

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