



All City Insurance

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PEST CONTROL AND PESTICIDES SUPPLEMENTAL APPLICATION

COMPLETE IN ADDITION TO ACORD APPLICATIONS.

ATTACH ADDITIONAL SHEETS AS NECESSARY.

ANSWER ALL QUESTIONS. If not applicable, indicate N/A.

GENERAL INFORMATION

1)

Named Insured:	
Brokerage/Broker:	
Agency/Agent:	
Renewal?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Policy Number:	
Effective Date:	
Website:	

2)

Current Carrier Information:

Carrier:	
Limit of Insurance:	
Deductible:	
Premium:	
Offering renewal?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Claims made?	Yes <input type="checkbox"/> No <input type="checkbox"/> Retroactive date:

Please attach copies of the following:

- a) Currently valued five year loss runs, including claim detail for all losses open or exceeding \$15,000
- b) MSDS sheets for all products sold, distributed or used by or on your behalf
- c) Applicant's brochures or marketing materials if a website is not available

3)

Mailing Address: _____
City: _____ State: _____ Zip Code: _____

4)

Your premise address (if different from above): _____
City: _____ State: _____ Zip Code: _____

5)

If you work or subcontract out services in any state other than your premise location, please list the states in which you operate: _____

6)

If any subsidiary, product or service is to be specifically excluded from coverage, please indicate: _____
Are these products or services insured or bonded elsewhere? Yes No

7)

If you have operated under a different business name in the last ten years, please list: _____

GENERAL OPERATIONS

8) Please provide a breakdown of your operations:

Operation:	Projected Sales:	Percentage of Sales:	Percentage Subcontracted:
Bed Bug Treatment			
Crop Dusting, Spraying or Other Agricultural Application			
Lawn Care Services – Including Fertilizing/Soil Nutrient Amendment Application			
Rodent/Small Animal Removal <i>(mice, rats, squirrels, chipmunks, raccoons, snakes, bats, etc.)</i>			
Large Animal Removal/Control <i>(bears, alligators, wild boars, bobcats, venomous snake dens, etc. – please provide details below)</i>			
Exterminating			
Fumigation			
Tenting			
Inspections Performed as Part of a Real Estate Transaction			
Termite Inspections Without Treatment <i>(excluding inspection reports for previously treated homes and inspections as part of a Real Estate transaction)</i>			
Termite Treatment			
Radon Testing			
Radon Remediation			
Mold Inspection			
Mold Remediation			
Infestation Damage Repair <i>(please provide details below)</i>			
Other <i>(please describe below)</i>			
Total:		100%	

TERMITES

- 9) Do you use gas to treat/control termites? Yes No
- 10) Do you provide any termite repair warranties, bonds, or contracts? Yes No

BED BUGS

11) Describe your bed bug inspection and elimination procedures:

- 12) Do you utilize heat treatment procedures? Yes No
 a. If yes, prior to conducting work are applicable fire codes and local ordinances checked regarding the use of portable heaters, existence of fire suppression systems, and other heat treatment related concerns? Yes No
 b. Is the heat treatment equipment inspected prior to each use? Yes No
 c. Are all objects and flammable items removed from the treatment area? Yes No
 d. Is a pre-work checklist completed and signed by the technician prior to completing the work? Yes No
 e. What steps are taken to protect the fire suppression system in place at the job site and prevent accidental deployment of the system? _____

13) Do you utilize Cryo/Freeze method procedures? Yes No

14) Do you utilize chemical treatment methods? If yes, please list chemicals used. Yes No

15) Do you perform inspections, treatments, or eliminations at any commercial locations (including but not limited to retail shops, hotels/motels, casinos, apartment housing, etc.) or multi-residential buildings (condominiums, townhouses, duplexes, etc.)? Yes No

a. If yes, does your contract confirm to the client that there are no warranties or guarantees provided? Yes No

b. Are any written instructions provided to the client regarding laundering or other handling of textiles? If yes please provide a copy. Yes No

16) Are clients directed to remove valuables prior to treatment? Yes No

GENERAL PEST CONTROL

17) Please indicate the percentage of work performed in ____% residential, ____% commercial and ____% industrial areas.

18) Do you engage in any drilling operations as part of your pesticide application process? Yes No
 If yes, please clarify what precautions are taken to avoid drilling into service lines: _____

19) Do you use firearms for any part of your pest control services? Yes No

20) Do perform any bird control/extermination at or near airports? Yes No

21) If you provide commercial/industrial pest control, fumigation, extermination or tenting services, please list the type(s) of clients and where on their premise(s) the work is performed: _____

22) Do you perform services for restaurants, cafeterias/dining halls, or bakeries? Yes No
 If yes, do you conduct all spraying and treatment when the location is closed? Yes No

23) Do you perform any foaming operations? Yes No
 a. If yes, are foam blasters manual/hand powered OR electric/battery powered ?
 b. Describe precautions taken to prevent foam from escaping into unintended areas:

24) Do you utilize dogs or other trained animals for inspections? Yes No

25) Do you currently, or have you ever, utilized any EPA restricted-use pesticides? Yes No

a. If yes, provide your EPA license number: _____

b. Attach a sheet describing where and when EPA restricted-use pesticides are used, why the use of EPA restricted-use pesticides is necessary, and what specific pesticides are used in these circumstances.

26) Do you utilize any drones in your servicing? Yes No

AGRICULTURAL

27) Do you utilize glyphosphate products in your servicing? Yes No

28) Do you utilize 1,3-dichloropropene or chloropicrin products in your servicing? Yes No

If yes and you are working in California, do you utilize alternative products in that state? Yes No

29) Do you utilize any manned aircraft or drones in your servicing? Yes No

SUBCONTRACTORS

30) Do you typically hire the same subcontractors from job to job? Yes No

31) Are subcontractors always insured? Yes No

If yes, what General Liability limits do you require subs to carry? _____

32) Do you obtain certificates of insurance from all subcontractors? Yes No

If yes, how long are these retained? _____

33) Are you named as an Additional Insured on all subcontractors' policies? Yes No

34) Do you have a written contract with your subcontractors? If yes, provide a sample copy. Yes No

Do all contracts contain a Hold Harmless clause in your favor? Yes No

35) Do you use any leased employees? Yes No

If yes, are you responsible for providing Worker's Compensation for these employees? Yes No

36) Do you carry Worker's Compensation insurance? Yes No

PREMISES INFORMATION

37) Is your premise located in area that is:

Urban Rural Industrial Suburban Other (please clarify below)

38) Please clarify neighboring occupancies within 100 feet of your premise:

	North	South	East	West
Occupancy				
Distance				

39) Are explosives or flammables stored or processed on site, including but not limited to fertilizers? Yes No

a. If yes, please list product(s) and quantity: _____

b. Are explosive/flammable materials stored in NFPA/IFC compliant containment? Yes No

OTHER

- 40) Have you had any claims or suits that were or were not covered by insurance? Yes No
If yes, please provide details. _____

- 41) During the past five years, has any insurer ever canceled or non-renewed similar insurance to any applicant or has your insurance been canceled for nonpayment of premium by any insurance or finance company. If yes, please explain. Yes No

- 42) Is your company aware of any occurrences, facts, circumstances, incidents, situations, damages or accidents (including but not limited to allegations of faulty or defective products or workmanship, product failure, service contract or construction dispute, property damage or service/construction worker injury) arising out of or related to your products or services that a reasonably prudent person might expect to give rise to a claim or lawsuit whether valid or not which might directly or indirectly involve the company? If yes, attach an explanation. Yes No

FRAUD WARNING

NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS: In some states, any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud an insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she 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.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

NOTICE TO TENNESSEE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Applicant: _____ Title: _____

FEIN #: _____

Applicant's Signature: _____ Date: _____

Agent/Broker Name: _____ **All City Insurance, Inc.**