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## FUMIGATION SUPPLEMENTAL PART

Must Be Completed and Signed by Applicant and Producer if Fumigation of Any Type is Performed

### FUMIGATION CONTRACTING SERVICES - \$ OF RECEIPTS

Check types of contracting services Applicant provides, and provide the estimated contract volume during the next twelve (12) months for each.

<input type="checkbox"/> Structures and Buildings		Fumigants Used:
Residential	\$ _____	Vikane
Commercial	\$ _____	Methyl Bromide
Commodity	\$ _____	Other _____
Ships / Barges	\$ _____	Other _____
Aircraft	\$ _____	Total Direct Fumigation Receipts: \$ _____
Agricultural Equipment	\$ _____	Total Subcontracted Fumigation Receipts: \$ _____
Other (describe)	\$ _____	Cost of Subcontractor: \$ _____
		Net Receipts (Profit): \$ _____

"Heat Fumigations" are not covered under the terms of the policy.

### FUMIGATION CONTRACTORS - SECURITY PROVIDED

Security and Safeguard Service is provided continuously from acceptance of risk by Applicant until released back to owner if a requirement per state law.

### CURRENT LICENSEE LIST INVOLVED WITH FUMIGATION; IF NONE, SO STATE

OWNER, OFFICERS & EMPLOYEE NAME	YEARS EMPLOYED	APPLICATOR LICENSE NUMBER	STATE	EXPIRATION DATE	CATEGORIES LICENSED

### APPLICANT'S SIGNATURE

**Any person who knowingly and with intent to defraud any insurance company or another 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 subjects the person to criminal and (NY: Substantial) civil penalties. (Not applicable in CO, HI, NE, OH, OK, or VT: in DC, LA, ME and VA, insurance benefits may also be denied)**

By acceptance of an insurance policy based on this application, the Insured agrees that the statements in this application are the Insured's representations, that they shall be deemed material and that the insurance policy is issued in reliance upon the truth of such representations, and that the insurance policy embodies all agreements existing between the Insured and the Company, or any of its agents, relating to this insurance. Insured also acknowledges that this application, including all statements and representations contained therein, will be incorporated herein and made a part of the policy.

Applicant's Signature: \_\_\_\_\_ Date: / /

Producer's Signature: \_\_\_\_\_ Date: / /