

Mosquito Control Application

General Info

1. Name _____
(Complete name as it should appear on the policy including Inc., Corp., Ltd., Etc.)

Insured Email Address: _____

2. Physical Address _____

No.	Street	City	County	State	Zip Code

3. Mailing Address _____

No.	Street	City	County	State	Zip Code

4. Inspection Contact Phone (_____) _____

5. Telephone () _____ Fax () _____

6. Website _____ FEIN _____

7. Date established _____ Years experience in Pest Control _____

States where Applicant is Licensed/Certified _____

Scope of Permitted Applications _____

Is All Equipment Used Clearly Marked with Applicant's Name? _____

Certified Pesticide Applicator License #(s) _____ Commercial or Private? _____

Number of Certified Pesticide Operators? _____

(Check appropriate box) € Sole Proprietor € Partnership € Corporation € Other

8. Policy proposed effective date _____ to _____

9. Requested GL limit of liability (Occurrence/Aggregate):	€ \$300,000/\$600,000	€ \$500,000/\$1,000,000
\$1,000,000/\$1,000,000	€ \$1,000,000/\$2,000,000	€ Other _____

10. Deductible	\$500	\$1,000	\$2,500	\$5,000
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11. Lost Key Coverage Requested: (\$50,000 limit with \$1,000 deductible) € Yes € No

12. List all Pest Control Associations for which the Applicant is a member in good standing:

13. Does Applicant own or operate any other business? € Yes € No

14. Is work done through or by any affiliated or related companies? € Yes € No

15. Does Applicant sell pesticides or any other products?	Yes	No
Does Applicant reformulate or repackage/relabel pesticides for retail sale?	Yes	No

16. Have any products ever been recalled, discontinued or changed? Yes No

17. Has Applicant or any affiliated, related or predecessor entity or any officer or owner of any of them:
- a. Ever been convicted of a crime? € Yes € No
 - b. Defaulted on a labor and material bond, performance bond or bid bond or failed to complete or been terminated on any project? € Yes € No
 - c. Ever been or is currently the subject of bankruptcy, reorganization, solvency, dissolution, or other debtor relate proceedings, or has it made an assignment for the benefit of creditors? € Yes € No
 - d. Currently involved in any litigation, administration, or arbitration proceeding(s) or subject to any court or agency order of injunction? € Yes € No
 - e. Ever been cited by any governmental/regulatory agency or by civil court for violation of any regulations, safety, health, or product label, environmental laws or regulations? € Yes € No
18. Does the Applicant have any knowledge of or reason to expect claims to be filed arising out of pest control operations prior to the effective date of coverage with this company? € Yes € No
19. Does Applicant transport hazardous materials/substances in PLACARDED vehicles owned, leased, or rented by Applicant? **If yes, attach procedures and describe all hazardous materials/substances transported.** € Yes € No
20. Are current commercial driver's licenses maintained for all drivers of PLACARDED vehicles? Yes No
21. How many vehicles does the Applicant use to transport pesticides? _____
22. Does the Applicant have any guarantees, warranties or hold harmless agreements for customers? € Yes € No
23. Does Applicant perform building appraisals, architectural engineering, issue reports regarding structural integrity, chemical, or air quality or health related mold? € Yes € No
24. Does Applicant have any contracts with new home developers or new home builders for the treatment or inspections of homes? € Yes € No
If yes, please provide details in the space below on the number of contracts, number of homes per contract, and specific duties (i.e. pest control, termite inspection, etc.) for each contract _____
25. Does Applicant engage in any drilling operations during pest control application? € Yes € No
If yes, what precautions are taken to avoid drilling into service lines (gas, water, etc.)?
26. Do you do any work in multi-unit buildings or residential complexes? Yes No
27. Describe any services which are performed by subcontractors _____
- a. Are Applicant's subcontractors allowed to work without providing a COI? Yes No
 - b. Does current subcontractors carry coverages or limits less than Applicants? € Yes € No
28. Does Applicant lease equipment to others with or without an operator? € Yes € No

EXPLAIN ALL "YES" RESPONSES TO THE FOLLOWING QUESTIONS ON A SEPARATE SHEET: #13, 14, 15, 16, 17, 18, 19, 20, 22, 25, 27, AND 28

Pre-employment Screening procedures for employees (**check all that apply**)

€ Employment Application

€ Drug/Alcohol testing

€ Driving record

€ Background Check

€ Verify Prior Experience

€ Applicator License

€ Other _____

a. Does Applicant conduct training programs for technicians?

Yes No

If yes, please describe: _____

b. What controls does Applicant have in place to ensure that state training guidelines are practiced?

c. Other (Please Describe): _____

29. Operations – estimated annual receipts from all operations

Categories	Estimated annual sales	# of Employees	Categories	Estimated annual sales	# of Employees
Mosquitoes	\$		Installation of misting systems	\$	
General Pest Control	\$		Health Inspections	\$	
Termite Control (without inspection)	\$		Product Sales	\$	
WDI/O Inspection	\$		General Construction-explain type	\$ Payroll	
Bed Bugs	\$				
Fumigation	\$		Subcontractors	Total cost	
Pre-treat new homes	\$		Mold Remediation	\$	
Wildlife Control	\$		Crop Spraying by Contractor for Orchards or Vineyards	\$	
Lawn Care	Payroll		Radon	\$	
Landscaping	Payroll		If other (explain)	\$	
Tree Pruning, Dusting, Spraying, Trimming or Fumigating	Payroll				

30. Clients: Please indicate the percentage of clients that fall into the following categories

Commercial_____%

Residential_____%

Parks/Playgrounds _____%

River/streams/waterways _____%

Food Processor/Restaurants_____%

Educational/Day Care facility_____%

Hospital/Medical facility_____%

Other_____%

a. Describe how warnings are communicated to customers prior to the application.

b. Describe Applicant's follow-up procedures with customers after application has been applied.

c. Describe Applicant's customer complaints procedures.

d. If Other (explain)

31. Pesticide Use

a. Are there written procedures that explain control techniques for each types of pest and their environments?

Yes No

b. How much stock of chemicals used for pesticide do you have on hand?

c. What measures are taken to ensure safe pesticide and other chemical storage?

d. *For Educational/Day care Facilities only*

What time of the day are treatments applied?

Where are they applied?

What do they use?

- | | | |
|--|-----|----|
| e. Are technicians trained on emergency spill control procedures? | Yes | No |
| f. List chemicals, pesticides and application methods used: | | |
| | | |
| g. What controls does Applicant have for the rinsing and dispensing of pesticide containers? | | |

32. Mosquitoes

- | | | |
|--|-----|----|
| a. What chemicals does the Applicant use? | | |
| b. What applicant method is used for the chemicals? | | |
| Do they use fogging/misting/aerial application/back pack spraying? | Yes | No |
| c. Do they do any work or plan to have contracts with playgrounds, parks, golf courses, or municipalities? | Yes | No |
| d. Will they be installing misting systems? | Yes | No |
| If so, will they be time released? | Yes | No |
| e. What chemicals will be used in the misting systems? | | |
| | | |
| f. What kind of equipment is the Applicant using and what safety measures are in place? | | |
| | | |
| g. Does Applicant engage in drilling or excavation digging? | Yes | No |
| h. Will the Applicant be engaging in operations outside of mosquito control? | Yes | No |
| If yes, please describe: | | |

33. Record Keeping:

- a. What quality control procedures are in place to ensure technicians complete forms correctly regarding chemical application? _____
- b. Are Safety Data Sheets kept on file? Yes No
- c. Employee Record keeping: ☐ Training ☐ Continuing Ed ☐ Inventory Use ☐ License/Certification
- d. Customer Record Keeping: ☐ Accidents ☐ Complaints ☐ All Contract
☐ Amount of Pesticide Used and Scope of Application

Check the optional coverages requested: ☐ Blanket Additional Insured ☐ Waiver of Subrogation
☐ Primary/Non-Contributory ☐ Per Project Aggregate
☐ Hired/Non-Owned Auto ☐ Other _____

List the name and address of any Additional Insured endorsements that you are requesting. Explain the relationship that each Additional Insured has to your business.

Employee Benefits Liability: ☐ Yes ☐ No Maximum limit is \$1,000,000 Each Claim/\$1,000,000 Aggregate
List any other coverages or endorsements: _____

Current General Liability Information

1. Please provide name of carriers, premiums paid, limits, sales, deductibles, and loss runs for the past 5 years.

	YR	YR	YR	YR	YR
Carrier					
Premium					
Payroll					
Ded/SIR					
Losses					

2. Has any company canceled, non-renewed or declined to write your General Liability in the past 5 years? ☐ Yes ☐ No

If yes, please explain: _____

3. Has the insured ever had a lapse in coverage? ☐ Yes ☐ No

If yes, please explain: _____

Claim Information

1. Make sure to attach 5 years of currently valued loss runs. (Valued no more than 3 months from date of application.)

2. Do you require staff to report all unusual incidents and are all incident reports reviewed by Management? ☐ Yes ☐ No

NOTICE TO APPLICANTS: THIS APPLICATION MUST BE COMPLETED IN FULL AS THE QUOTE WILL BE BASED SOLELY ON THE INFORMATION PROVIDED, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING 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 or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied. BY SIGNING THIS APPLICATION, THE SIGNOR WARRANTS THAT TO THEIR BEST KNOWLEDGE ALL INFORMATION GIVEN IS TRUE AND ACCURATE.

Applicant Name (type or print)

Signature

Date

NOTICE TO PRODUCERS: THE PRODUCER HEREBY WARRANTS THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE.

Name (type or print)

Signature

Date

License #

Optional Coverages
(please attach an ACORD application)

Property
Business Auto
Crime/Employee Dishonesty

Contractors Equipment
Workers' Compensation
Employment Related Practices

EDP
Umbrella/Excess

Umbrella/Excess Questionnaire
(Please complete only if desired.)

Explain all "Yes" responses.

- | | | |
|---|------|-----|
| 1. With the exception of leinholders, are any vehicles not solely owned by and registered to the applicant? | €Yes | €No |
| 2. Do over 50% of the employees use their autos in the business? | €Yes | €No |
| 3. Is there a vehicle maintenance program in operation? | €Yes | €No |
| 4. Are any vehicles leased to others? | €Yes | €No |
| 5. Are any vehicles customized, altered or have special equipment? | €Yes | €No |
| 6. Do operations involve transporting hazardous material? | €Yes | €No |
| 7. Any vehicles used by family members or non employees?
If so, please identify in remarks. | €Yes | €No |
| 8. Does the applicant obtain MVR verifications? | €Yes | €No |
| 9. Does the applicant have a specific driver recruiting method? | €Yes | €No |
| 10. Are any drivers not covered by Workers Compensation? | €Yes | €No |
| 11. Any vehicles owned but not scheduled on this application? | €Yes | €No |

Remarks:

Crime/Employee Dishonesty Questionnaire

(Please complete only if desired.)

1. Do you have an audited financial statement prepared annually? €Yes €No

2. Are internal financial statements prepared? €Yes €No

If yes, how often are they reviewed by the owner? _____

3. Describe your "Separation of Duties" and "Countersignature" procedures: _____

4. Indicate the number of employees who handle, have custody or maintain records of money, securities or other property: _____

5. Are officer-shareholders active in the day to day oversight of business operations? €Yes €No

6. Do employees who reconcile the bank statement also:
Make deposits? €Yes €No Make withdrawals? €Yes €No Sign Checks? €Yes €No

7. Is countersignature of checks required? €Yes €No
If yes, what is the dual signing limit? _____

8. Is segregation of duties practiced in the following areas:
Inventory management? €Yes €No Wire transfer receipts and payments? €Yes €No
Purchase order approval and payment? €Yes €No Vendor approval? €Yes €No
Oversight of blank check stock? €Yes €No Payroll? €Yes €No
Retail checks and Credit Card receipts? €Yes €No Cash receipts? €Yes €No

9. Are all incoming checks stamped "for deposit only" immediately upon receipt? €Yes €No

10. Are inventory records computerized? €Yes €No
Is a physical count of inventory conducted at least annually? €Yes €No

11. Are the duties of computer programmers and operators separated? €Yes €No

12. Are computer passwords changed frequently? €Yes €No

13. For new employees, do you perform any of the following types of background checks:
Prior employment? €Yes €No Education? €Yes €No Criminal history? €Yes €No
Drug testing? €Yes €No Credit history? €Yes €No

14. Are the controls indicated in 5-13 above imposed at all locations? €Yes €No
If no, please explain exceptions.

15. List all Crime/Fidelity Losses in the last three years:

16. Please indicate the coverages, limits, and deductibles desired:

€\$25,000 limit, \$1,000 deductible
€\$50,000 limit, \$1,500 deductible
€\$75,000 limit, \$2,500 deductible
€\$100,000 limit, \$5,000 deductible
€Other _____

17. List any qualified benefit plans

18. Are you interested in Fiduciary Liability Coverage? €Yes €No
If yes, please attach Form 5500's for each plan to be covered.

19. Current Fidelity Carrier? _____ Premium? _____
Limits? _____ Deductible? _____

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