

**Pest Control Application**

**GENERAL INFORMATION**

1. Name: \_\_\_\_\_
2. Additional Named Insured – please include description of operations for each: \_\_\_\_\_  
\_\_\_\_\_
3. Is there at least 51% common ownership between all names?  Yes  No
4. Physical Address: \_\_\_\_\_  
Street City/State/Zip County
5. Mailing Address: \_\_\_\_\_  
Street City/State/Zip County
6. List all states where operations are performed: \_\_\_\_\_  
\_\_\_\_\_
7. Insured Email Address: \_\_\_\_\_
8. Inspection Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Audit Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Claims Contact: \_\_\_\_\_ Phone: \_\_\_\_\_
9. Phone Number: \_\_\_\_\_
10. Website: \_\_\_\_\_ FEIN: \_\_\_\_\_
11. Date Established: \_\_\_\_\_ Pest Control License No: \_\_\_\_\_
12. List all other licenses and License Numbers for your business: \_\_\_\_\_
13.  Sole Proprietor  Partnership  Corporation  LLC  Other: \_\_\_\_\_

**POLICY INFORMATION**

1. Policy proposed effective date: \_\_\_\_\_ to \_\_\_\_\_
2. Current coverage expires/expired on: \_\_\_\_\_ Current Carrier: \_\_\_\_\_
3. Limits (Occurrence/Aggregate):  

<u>General Liability</u>	<u>WDI/Treatment</u>	<u>WDI/Inspection</u>
<input type="checkbox"/> \$1,000,000/\$1,000,000	<input type="checkbox"/> \$1,000,000/\$1,000,000	<input type="checkbox"/> \$1,000,000/\$1,000,000
<input type="checkbox"/> \$1,000,000/\$2,000,000	<input type="checkbox"/> \$1,000,000/\$2,000,000	<input type="checkbox"/> \$1,000,000/\$2,000,000
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
4. Deductible:  \$1,000  \$2,500  \$5,000
5. Additional Coverages:  

<input type="checkbox"/> Blanket Additional Insured	<input type="checkbox"/> Blanket Waiver of Subrogation
<input type="checkbox"/> Blanket Primary/Noncontributory	<input type="checkbox"/> Per Project Aggregate
<input type="checkbox"/> Lost Key Coverage	<input type="checkbox"/> Employee Benefits Liability (Copy of Dec Page Required)
<input type="checkbox"/> Other: _____	EBL Retro Date _____

**OPERATIONS INFORMATION**

1. Does Applicant own or operate any other business?  Yes  No  
If yes, please explain: \_\_\_\_\_
2. Does Applicant perform building appraisals, architectural engineering, issue reports regarding structural integrity, chemical, or air quality or health risks related to mold?  Yes  No

3. Does Applicant have any contracts with new home developers or new home builders for the treatment or inspections of homes?  Yes  No
4. If yes, please provide details on the number of contracts, number of homes per contract and specific duties for each contract. \_\_\_\_\_

5. Indicate percentage of type of clients you service:  
 \_\_\_\_\_ % Commercial      \_\_\_\_\_ % Residential      \_\_\_\_\_ % Food Processor/Restaurants  
 \_\_\_\_\_ % Educational/Day Care      \_\_\_\_\_ % Hospital/Medical      \_\_\_\_\_ % Other \_\_\_\_\_

6. Provide annual sales/costs/payroll below.

	<b>Sales</b>	<b>Payroll</b>	<b>Costs</b>
<i>General Pest Control</i>	\$	\$	\$
<i>Bed Bugs</i>	\$	\$	\$
<i>Wildlife Control</i>	\$	\$	\$
<i>Mosquitos</i>	\$	\$	\$
<i>Termite (WDI/O) Control &amp; Treatment</i>	\$	\$	\$
<i>WDI/O Inspection without Treatment</i>	\$	\$	\$
<i>Pre-treat New Homes</i>	\$	\$	\$
<i>Fumigation*</i>	\$	\$	\$
<i>Product Sales</i>	\$	\$	\$
<i>Subcontractor Work*</i>	\$	\$	\$
<i>General Construction*</i>	\$	\$	\$
<i>Carpentry</i>	\$	\$	\$
<i>Lawn care</i>	\$	\$	\$
<i>Landscaping</i>	\$	\$	\$
<i>Tree Pruning, Dusting, Spraying or Fogging</i>	\$	\$	\$
<i>Other*</i>	\$	\$	\$
<i>Total (all operations)</i>	\$	\$	\$

\*Please provide detail below for any that apply:

Fumigation: \_\_\_\_\_  
 Subcontractor Work: \_\_\_\_\_  
 General Construction: \_\_\_\_\_  
 Other: \_\_\_\_\_

**Pesticide Use**

1. Does Applicant have written procedures explaining control techniques for each type of pest/environment?  Yes  No
2. What safety measures does Applicant use to store pesticides? \_\_\_\_\_
3. Describe how warning are communicated to customers prior to any application. \_\_\_\_\_
4. Describe Applicant's follow-up procedures with customers after treatment has been applied. \_\_\_\_\_
5. Describe Applicants Customer complaints procedures. \_\_\_\_\_

**Bed Bugs**

1. Does Applicant conduct bed bug inspections/treatments?  Yes  No
2. Are dogs used as a detection method?  Yes  No  
 If yes, how many? \_\_\_\_\_ Please provide copy of dog license/certification.
3. What treatment method is used? \_\_\_\_\_
4. Does Applicant have specific technicians conducting bed bug treatments?  Yes  No
5. Does Applicant use heat treatments?  Yes  No

If yes, please answer the following questions:

- a. How have technicians been trained in using equipment? \_\_\_\_\_
- b. What type of heating equipment is the Applicant using? \_\_\_\_\_
- c. Is the equipment powered by electricity or propane? \_\_\_\_\_
- d. What controls are in place to make sure temperature remains controlled throughout the treatment?  
\_\_\_\_\_
- e. Do technicians perform heat treatments in multi-habitational home/dwellings/offices where sprinkler systems are present?  Yes  No  
If yes, please confirm if their contract requires the sprinkler systems to be drained and capped prior to commencement of heat treatment application at sprinklered locations?  Yes  No
- f. What % of operations are taking place at multi-habitational homes/dwellings? \_\_\_\_\_%
- g. What % of these locations are sprinklered? \_\_\_\_\_%
- h. Does Applicant provide clients with a removable furniture/appliance list?  Yes  No  
If yes, please provide copy of the removable furniture/appliance list.

### Wildlife Control

1. What type(s) of animals are controlled/trapped? \_\_\_\_\_
2. What procedures, products, methods and equipment (including the use of firearms) are used in controlling/trapping animals? \_\_\_\_\_
3. What release/extermination/disposal procedures or techniques (including the use of firearms) are used for trapped animals? \_\_\_\_\_
4. Does Applicant do any bird control or extermination on or near airports?  Yes  No
5. Does Applicant use snare traps?  Yes  No

### Mosquito Control

1. What chemicals does the Applicant use? \_\_\_\_\_
2. Does Applicant use fogging/misting/aerial application/backpack spraying?  Yes  No
3. Does Applicant install misting systems?  Yes  No
4. Does Applicant perform any control services on playgrounds, parks, golf courses or municipalities?  Yes  No

### Termite Controls

1. How many termite inspections are conducted annually? \_\_\_\_\_
2. How many inspections are conducted with no follow-up treatment? \_\_\_\_\_
3. Are any inspections performed in Alabama, Georgia, Mississippi, Louisiana, South Carolina, and Texas?  Yes  No
4. Does Applicant use any non-chemical or any non-standard termite treatments?  Yes  No  
If yes, describe \_\_\_\_\_
5. Does Applicant treat/inspect structures with Exterior Insulation and Finish Systems (EIFS) construction?  Yes  No  
If yes, number of homes treated \_\_\_\_\_  
If no, what procedures are in place to avoid these structures?  
\_\_\_\_\_
6. Does Applicant treat/inspect structures for mold?  Yes  No  
If yes, describe extend of operations \_\_\_\_\_
7. Does Applicant do any mold remediation?  Yes  No
8. Are state forms completed by inspectors?  Yes  No

### Fumigation Operations (Supplemental Application will be Required)

**Product Sales**

- 1. Does Applicant sell pesticides or any other products?  Yes  No
- 2. Does Applicant reformulate or repackage/relabel pesticides for retail sale?  Yes  No
- 3. If yes to above, have any products ever been recalled, discontinued, or changed?  Yes  No

**Subcontractor Work**

- 1. Describe any services which are performed by subcontractors. \_\_\_\_\_
- 2. Does Applicant obtain formal written agreements prior to commencement of work?  Yes  No  
If yes, does agreement contain the following in Applicants favor:
  - a. Hold harmless and indemnification clauses  Yes  No
  - b. Insurance requirements for limits equal to or greater than Applicants  Yes  No
  - c. Additional Insured status, Primary and Non-Contributory  Yes  No
- 3. Do all Subcontractors maintain coverage with carriers having at least an A- Rating, Size V?  Yes  No
- 4. Does Applicant collect COI's from all Subs to evidence CGL coverage meets requirements?  Yes  No
- 5. Does Applicant confirm Workers' compensation coverage is in place for any Tenting Subcontractors?  Yes  No
- 6. Does Applicant ever sign agreements provided by the Subs in lieu of using their own agreement?  Yes  No

**EMPLOYMENT AND QUALITY & SAFETY CONTROLS**

- 1. Check the following Pre-Employment Screening procedures conducted.
  - Employment Application
  - Driving Record
  - Verify Prior Experience
  - Other
  - Drug/Alcohol Testing
  - Background Check
  - Applicator License
- 2. Does Applicant conduct training programs for technicians?  Yes  No
  - a. If yes, please describe: \_\_\_\_\_
- 3. Are technicians trained on emergency spill control procedures?
- 4. Provide list of chemicals, pesticides and application methods used: \_\_\_\_\_
- 5. What controls does Applicant have for rinsing and disposing of pesticide containers? \_\_\_\_\_
- 6. What quality control procedures are in place to ensure technicians complete documentation correctly regarding chemical applications? \_\_\_\_\_
- 7. Does Applicant transport hazardous materials/substances in vehicles either owned, leased or rented by Applicant?  Yes  No
  - If yes, describe procedures and list all hazardous materials transported: \_\_\_\_\_
- 8. How many vehicles does the Applicant use to transport pesticides or other hazardous material? \_\_\_\_\_
- 9. Are MVR's checked at hire and annually for all drivers?  Yes  No
- 10. Are records maintained on all service, repair, and/or testing performed?  Yes  No
  - a. If yes, are safety data sheets kept on file?  Yes  No
  - b. How long are records retained? \_\_\_\_\_
- 11. Does Applicant have any guarantees, warranties or hold harmless agreements with customers?  Yes  No

12. Total Number of Employees:

	Full-Time	Part-Time
Employees (other)		
Field Employees		
Total		

**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					
Sales					
Deductible					
Losses					

2. Has any company canceled or declined to renew in the past 5 years?  Yes  No  
 (Not applicable for Missouri accounts or residents.)  
 If yes, please explain: \_\_\_\_\_

3. Has the Applicant ever had a lapse in coverage?  Yes  No  
 If yes, please explain: \_\_\_\_\_

**CLAIM INFORMATION**

- Make sure to attach 5 years of currently valued loss runs. (Valued no more than 3 months from date of application.)
- Does Applicant require staff to report all unusual incidents and are all incident reports reviewed by management?  Yes  No
- Does Applicant have any knowledge concerning any incidents that have occurred prior to the date of this application that may give rise to a future claim?  Yes  No

NOTICE TO APPLICANTS: THIS APPLICATION MUST BE COMPLETED IN FULL AS THE QUOTE WILL BE BASED SOLELY ON THE INFORMATION PROVIDED. THE SIGNOR WARRANTS THAT TO THEIR BEST KNOWLEDGE ALL INFORMATION GIVEN IS TRUE AND ACCURATE. IF THE UNDERSIGNED LEARNS OF ANY MATERIAL CHANGE IN THE INFORMATION, YOU MUST PROVIDE IT TO THE UNDERWRITER.

\_\_\_\_\_  
 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 Number

Please complete below if requesting Auto, Hired & Non-Owned, Excess, Workers' Compensation or Crime coverage.

### AUTO/HIRED & NON-OWNED

1. Are Applicants' MVRs reviewed upon hire and annually thereafter?  Yes  No
2. Are standards for acceptable drivers in place?  Yes  No
3. Is an action plan in place if acceptability standards are not met?  Yes  No
4. Are all drivers between 21 and 70 years old?  Yes  No
5. If over 70, are medical certificates stating that, he/she has no medical issues that would preclude him/her from driving, available?  Yes  No
6. Does the Applicant have an acceptable Fleet Safety Program in place?  Yes  No
7. Is a Vehicle Maintenance Program in place?  Yes  No
8. Is personal usage of vehicles allowed?  Yes  No
9. Does the Applicant have a written personal use policy in place?  Yes  No
10. Is the original cost new of all vehicles less than \$100,000?  Yes  No
11. Are all autos kept in a locked premise when not in use?  Yes  No
12. Does the Applicant utilize GPS fleet telematics devices?  Yes  No
13. What percentage of the Applicant's fleet is provided with fleet telematics?  Yes  No
14. Are any vehicles used for snow plowing?  Yes  No
15. Does the Applicant have any owned or leased autos?  Yes  No
16. Do the Applicant's employees drive autos that the Applicant does not own to and from work sites, to or at client locations, or for any other business-related reason?  Yes  No
  - a. If yes, how many employees drive autos that the Applicant does not own for business purposes? \_\_\_\_\_
17. If the Applicant obtains MVRs, which of the following causes would suspend an employee from driving on behalf of the Applicant?

<input type="checkbox"/> One moving violation in past 5 years	<input type="checkbox"/> One at-fault accidents in past 5 years
<input type="checkbox"/> Two moving violations in past 5 years	<input type="checkbox"/> Two at-fault accidents in past 5 years
<input type="checkbox"/> Three or more moving violations in past 5 years	<input type="checkbox"/> Three or more at-fault accidents in past 5 years
<input type="checkbox"/> Intoxicated driving (DUI/DWI)	<input type="checkbox"/> Inactive or suspended license
<input type="checkbox"/> Other:	

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18. What is the Applicant's annual cost of hired autos? \_\_\_\_\_
19. What is the annual average mileage per auto? \_\_\_\_\_

### EXCESS

Information Required with Submission (Please attach):

- ACORD Application
- 5 Years Currently Valued Loss Run Statements – include Auto Loss runs

1. With the exception of lienholders, are any vehicles not solely owned by and registered to the Applicant?  Yes  No
2. Do over 50% of the employees use autos in the business?  Yes  No
3. Are any vehicles leased to others?  Yes  No
4. Are any vehicles customized, altered, or have special equipment?  Yes  No
5. Do operations involve transporting hazardous material?  Yes  No
6. Are any vehicles used by family members or non-employees?  Yes  No
7. Does the Applicant have a specific driver recruiting method?  Yes  No

If you answered "Yes" to any of the above questions, please explain: \_\_\_\_\_

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## WORKERS' COMPENSATION

Information Required with Submission (Please attach):

- ACORD Workers' Compensation Application
- 5 Years Currently Valued Loss Run Statements
- Experience Modification Worksheet
- Risk Identification Number for the NCCI or Appropriate State Rating Bureau or State Fund

1. Is the current coverage now in Assigned Risk, State Fund or Voluntary Market?  Yes  No  
Has any insurance carrier canceled or refused to renew within the past 3 years?  Yes  No  
(Not applicable for Missouri accounts or residents.)

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

2. Employee Benefits Program:  Group Medical  401k  Other: \_\_\_\_\_  
Do you have a transitional duty (light duty) program?  Yes  No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

3. Who is responsible for safety? \_\_\_\_\_

4. Do you have a formal safety committee?  Yes  No

If yes, how frequently does it meet and who attends? \_\_\_\_\_  
\_\_\_\_\_

## WC WAIVER OF SUBROGATION

- Blanket  Individual

Please provide the names, addresses & class codes/payroll of all contracts requiring an individual waiver of subrogation.

\_\_\_\_\_  
\_\_\_\_\_

## CRIME

1. Does the Applicant allow bank account reconciliation to be completed by an individual that also has access to the account?  Yes  No
2. Does the Applicant require countersignature of checks?  Yes  No
3. Are securities subject to joint control by two or more responsible parties?  Yes  No
4. Does the Applicant require all officers and employees to take annual vacations of at least five consecutive business days?  Yes  No
5. Does the Applicant have a written policy for Electronic Funds Transfer?  Yes  No
6. Does the Applicant have daily deposits at a minimum?  Yes  No
7. Does the Applicant's financial institution verify authenticity with another insured employee prior to the transfer of funds?  Yes  No

8. If you answered "no" to any of the above, please explain: \_\_\_\_\_

## FRAUD WARNINGS

**GENERAL:** 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 conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act. **(Applicable in all states other than those listed below. If you are located in one of these states, please take time to review the appropriate warning prior to submitting your application.)**

**ALABAMA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

**ARIZONA:** For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**ARKANSAS:** 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.

**CALIFORNIA:** For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**COLORADO:** 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**DISTRICT OF COLUMBIA: 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.

**FLORIDA:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**IDAHO:** Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

**KENTUCKY:** Any person who knowingly and with intent to defraud any insurance company or other person files a 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.

**LOUISIANA:** 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.

**MAINE:** 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 a denial of insurance benefits.

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

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

**NEW MEXICO:** 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.

**NEW YORK:** 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 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 five thousand dollars and the stated value of the claim for each such violation.

**OHIO:** Any person who, with intent to defraud or knowing that he 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.



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

**OREGON:** Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

**PENNSYLVANIA:** 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 conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent act, which is a crime and subjects such person to criminal and civil penalties.

**RHODE ISLAND:** 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.

**TENNESSEE:** 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.

**VERMONT:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**VIRGINIA:** 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.

**WASHINGTON:** 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.

**WEST VIRGINIA:** 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.

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