



Termite & Pest Control Operators General Liability Renewal Application

This general liability renewal application is to obtain certain information to determine a renewal quote. All other information provided in the most recent exterminator liability application will be considered unchanged and will be part of the renewal policy if written. **Complete all blank fields; any remaining blank fields will mean "zero" or "none."**

- 1 Applicant's Name _____
- 2 Company Name _____
- 3 Mailing Address _____
City _____ State _____ ZIP _____ County _____
- 4 Policy Number _____ Renewal Date _____
- 5 Telephone Number _____ Federal I.D.# _____ PC License # _____
- 6 Loss Control Contact _____ Accounting Contact _____
- 7 Category(ies) of License: General Pest Commercial Vertebrate Fumigation WDI/O - **Termites**
 L & O Other _____
- 8 Business Type: Sole Proprietorship Partnership Corporation LLC Other
List of Locations _____

- 9 Deductible Desired: _____ Limits Desired (Sublimits may apply): _____
- 10 Breakdown of estimated annual receipts from all operations for which you or someone in your company is licensed. Place check(s) next to the phase(s) in which you are licensed.
 Lawn & Ornamental \$ _____
 Pest Control \$ _____
 Wildlife Control \$ _____ **Section H Required**
 Termite Control \$ _____ **Receipts including treatments, annual renewals, and damage repair services—excludes fumigation and WDI/O (real estate) inspections**
 WDI/O Inspections \$ _____ **Receipts from real estate inspections and reports only**
Estimated number of WDI/O inspections/reports (real estate only) performed annually _____
 Fumigation \$ _____ **Any change in business from expiring policy to perform direct/in-house or by subcontract requires completion of supplemental fumigation application.**
 Subcontracted Services \$ _____
 Subcontracted Costs \$ _____
 Net Subcontracted Receipts \$ _____ List subcontracted services including fumigation _____

 Other Services (Payroll) \$ _____ Please list services provided _____

- 11 Do you have any knowledge of or reason to expect claims to be filed arising out of pest control operations prior to the effective date of renewal? Yes No
If yes, please explain _____

12 Since submitting the most recent application, has Applicant become engaged in any business other than pest control? Yes No

If yes, what type of business (include receipts for that business in Other Services above) _____

APPLICANT'S SIGNATURE

NOTICE TO COLORADO APPLICANTS: THIS NOTICE IS A PART OF YOUR APPLICATION FOR PROFESSIONAL LIABILITY INSURANCE: 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.

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 OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she is facilitation 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 any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO UTAH APPLICANTS: For your protection, Utah law requires the following to be included in this application: "Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison."

For Florida Applicants only: Agent's Name: _____ FL License Number: _____

Any person who knowingly and with intent to defraud any insurance company or another person files an application 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. The Insured acknowledges that this application is a part of the insurance policy.

Applicant's Signature _____ Date _____

Producer's Signature _____ Date _____