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PEST CONTROL OPERATOR GENERAL LIABILITY APPLICATION

INSTRUCTIONS: This entire Application must be completed. Read all questions carefully and provide complete answers. Failure to provide complete information will result in delay in consideration of this Application. This Application is NOT an insurance policy and the COMPANY affording coverage reserves the right to reject any application for any reason. If additional space is needed, attach details to Application on a separate sheet of paper.

BROKER / AGENT INFORMATION

Name _____
 Address _____
 City _____ State _____ Zip _____ County/Parish _____
 Telephone _____ Fax _____ Agency Website _____
 Producer Name _____ Email _____ Cell _____
 CSR Name _____ Email _____
 Federal ID or Social Security # _____ National Producer Database # _____

APPLICANT INFORMATION

Applicant Name, if Sole Proprietor _____
 Company Name or DBA _____
 Mailing Address _____
 City _____ State _____ Zip _____ County/Parish _____
 Telephone _____ Fax _____ Cell _____
 Email _____ Contact Name _____
 Federal ID or Social Security # _____ Applicant Web Site _____
 Business Type: Sole Proprietorship Partnership Corporation LLC Other _____
 Name of Licensed Pest Control Operator/Applicator _____ License # _____
 Date your current policy expires or when you want the new policy to be effective _____
 How many years experience does the licensed operator/applicator have in the pest control industry? _____
 How long have you owned this company? _____ (If in business less than 3 years, name and location of previous pest control employer _____)
 Are you a member of any pest control association? Yes No If yes, which one(s)? _____
 Number of Employees: Pest Control _____ Termite Control _____ Non-Contract Inspections _____ Fumigation _____
 Category(ies) Licensed in which to do business: General Household Pest Commercial Vertebrate Termite
 WDI/O Fumigation Lawn & Ornamental Other _____

GENERAL INFORMATION – Explain all “Yes” responses below.

- 1. Does Applicant own or operate any other business? Yes No
- 2. Is work done through or by any affiliated or related companies? Yes No
- 3. Has Applicant or any affiliated, related or predecessor entity or any officer or owner of any of them ever been convicted of a crime? Yes No
- 4. Has Applicant or any affiliated, related or predecessor entity ever defaulted on a labor and material payment bond, performance bond or bid bond or failed to complete or been terminated on any project? Yes No
- 5. Has Applicant or any affiliated, related or predecessor entity currently involved in any litigation, administration, or arbitration proceeding(s) or subject to any court or agency order of injunction? Yes No
- 6. Has Applicant or any affiliated, related, or predecessor entity 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
- 7. 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 coverage with this company? Yes No
- 8. Does Applicant perform building inspections or appraisals, or issue or render services or opinions regarding structural integrity, chemical, air quality or health-related mold issues?
(THESE SERVICES, REPORTS, AND OPINIONS ARE NOT COVERED!) Yes No

Comments and Details – use this space to provide details to any questions answered Yes above.

- 9. Is pest control operation a full-time business for Applicant? Yes No
If no, what is primary occupation? _____
- 10. Does Applicant perform any non-pest control services such as Janitorial, Carpentry, Excavation/Grading, Insulation, Roofing, Plumbing or General Construction? Yes No
If yes, please list: _____
- 11. Do you use subcontractors? Yes No
If yes: (a) Do you get Certificates of Insurance from all sub-contractors? Yes No
(b) Are you an Additional Insured on any sub-contractors policies? Yes No
(c) Do you obtain a Waiver of Subrogation from all sub-contractors? Yes No
- 12. Please list product(s) used:
For Pest Control _____
For Termite/WDI Control _____
For Rodent Control _____
Other _____
- 13. Would you like to be contacted regarding coverage for Workers' Compensation, Auto or Employment Practices Liability? (may not be available in all states) Yes No
- 14. Do you need coverage for your equipment? Yes No
- 15. Would you like a loss control call from the carrier? Yes No

PHYSICAL LOCATIONS, DESCRIPTION OF OPERATIONS & GROSS RECEIPTS

PHOTOCOPY THIS PAGE TO LIST ADDITIONAL LOCATIONS

WE **MUST** HAVE AN ACTUAL PHYSICAL ADDRESS, CITY, STATE, ZIP, COUNTY/PARISH AND AN ESTIMATE OF GROSS RECEIPTS FOR EACH TYPE OF WORK THAT IS PERFORMED AT EACH LOCATION.

Please be aware that this is an auditable policy based on estimated receipts and, as such, you could receive an invoice of additional premium due or a refund of overpaid premium after the expiration of the policy period.

Location 1: Address _____ City _____ State _____ Zip _____
 Is this location inside the city limits? Yes No County/Parish _____

1. Pest Control (Commercial and Residential)

General Pest \$ _____
 Mosquito Control \$ _____
What type of mosquito control? _____
 Wildlife Control \$ _____
What type of animals are controlled/trapped? _____
What procedures, products, methods, & equipment (including the use of firearms) are used in controlling/trapping and in the release/extermination/disposal of animals? _____
 Retail Sales of Pesticides \$ _____
Do you sell pesticides in a retail operation? Yes No
Do you reformulate or repackage pesticides for retail use? Yes No

2. Lawn & Ornamental

Herbicidal Spraying	\$ _____	Tree trimming	\$ _____
Landscape Gardening	\$ _____	Right-of-Way Spraying	\$ _____
Lawn Maintenance	\$ _____	Irrigation	\$ _____
Aquatic Spraying	\$ _____	Other	\$ _____
Weed Control	\$ _____		

3. Termite Services (Includes treatments, pre-treats, annual renewal inspections, and damage repair services)

Termite Treatment \$ _____
 Moisture Control \$ _____
 Repairs/Carpentry \$ _____

4. Inspections Without Treatment (Wood Destroying Insect/Organism Reports) \$ _____

Inspections for real estate transactions and/or refinancing only; DOES NOT include annual renewal inspections for structures under contract where treatments were performed by you.

Average Cost per Inspection \$ _____ Any Free Inspections? Yes No
 Total Number of Inspections/yr. _____

5. Fumigation (In House/Direct) \$ _____

Fumigation operations require completion of the FUMIGATION SUPPLEMENTAL PART

6. Subcontracted Services

Please list services subcontracted _____
 Gross Receipts \$ _____
 Cost of Subcontractor \$ _____
 Net Receipts _____

7. Other Types of Work and Receipts

List here: _____

TOTAL ESTIMATED GROSS RECEIPTS FOR LOCATION 1: \$ _____

Limits Desired (Limits may not be available in all states)

- \$100,000 per Occurrence/Aggregate
- \$100,000 per Occurrence/\$300,000 Aggregate
- \$200,000 per Occurrence/\$300,000 Aggregate
- \$300,000 per Occurrence/\$600 Aggregate
- \$350,000 per Occurrence/Aggregate
- \$1,000,000 per Occurrence/\$4,000,000 Aggregate
- \$2,000,000 per Occurrence \$_____ Aggregate (up to \$5 Million)
- \$500,000 per Occurrence/Aggregate
- \$500,000 per Occurrence/\$1,000,000 Aggregate
- \$1,000,000 per Occurrence/Aggregate
- \$1,000,000 per Occurrence/\$2,000,000 Aggregate
- \$1,000,000 per Occurrence/\$3,000,000 Aggregate
- \$1,000,000 per Occurrence/\$5,000,000 Aggregate

Deductible (Deductibles may not be available in all states and cannot exceed 1% of receipts)

- \$500
- \$1000
- \$2500
- \$5000
- \$10,000

Claims History

Have you had any claims during the past 3 years? This includes all claims whether or not reported to your insurer or whether payments were made. Check here if none:

Currently-valued three-year loss runs must be attached to application.

<u>Policy Year</u>	<u>Carrier</u>	<u>Premium</u>	<u>Date of Loss</u>	<u>Amount Incurred</u>	<u>Description of Loss</u>

Any attempt to falsify claims history could result in cancellation of your policy or denial of coverage should a claim occur.

By acceptance of an insurance policy based on this application, the Insured and/or his representative 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.

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).

This signed application (whether manually or electronically) is my authorization to insurance companies listed on this application to provide to LIPCA, Inc. premium and loss data as requested by LIPCA, Inc.

Broker/Agent

Applicant

Date

Date