



Member Companies of Western World Insurance Group

- ☐ Western World Insurance Company
☐ Tudor Insurance Company
☐ Stratford Insurance Company

Application
For
Pest Control Services

1. Applicant's Name: _____
Business Name: _____
Mailing Address:
Street address _____
City _____ State _____ Zip _____
Applicant's Web Site Address _____

Location Address:
Street address _____

City _____ State _____ Zip _____
Contact Name _____ Contact Phone Number: _____

Are there any branch offices? ☐ Yes ☐ No
If yes, provide addresses: _____

2. ☐ Individual ☐ Corporation ☐ Partnership ☐ Other (Explain) _____

3. Please show number of: Partners/Owners _____ Part-time staff _____
Full-time staff _____ Other _____
What training is provided for new employees? _____

Are new employees supervised until training is completed? Yes No

4. No. of years in business _____ No. of years experience _____ License class/number _____

5. Annual gross sales \$ _____ 6. Annual payroll \$ _____

7. Does applicant subcontract work to others? ☐ Yes ☐ No
If yes, what type of work? _____ Annual cost of subs \$ _____
Are subs required to carry CGL and Workers Compensation? ☐ Yes ☐ No At what limits? _____
Do you require them to name you as an additional insured on their policy? ☐ Yes ☐ No
Are certificates of insurance obtained? ☐ Yes ☐ No

8.

Operations	% done by you/your employees	% subcontracted out	Not done
Termite inspections without treatment (excluding inspection reports for homes treated previously). (If yes, attach copy of "inspection report" given to clients for this service.)			
Termite treatment			
Exterminating			
Fumigation			
Crop dusting/spraying			
Tenting			
Carpentry / Repairs*			
Fogging			
Rodent / Animal Removal			
Other – (please describe)			
TOTAL (must equal 100%)			

*If Carpentry / Repair work is done, please provide details: _____

Residential _____% Commercial _____% Industrial _____%

9.

If commercial or industrial work, please list the type of clients: _____

10.

Does insured perform any foaming operations? ☐ Yes ☐ No

If yes, with small hand pump or with large battery or 110VAC units (foam blasters)? ☐ Yes ☐ No

Describe precautions taken when using foam to prevent foam from "escaping" to unintended areas. _____

11.

Does insured do any radon testing? ☐ Yes ☐ No

If yes, who does the analysis? _____

Does insured do any radon remediation? Yes No

12.

Does or has the applicant used EPA "restricted use" pesticides? ☐ Yes ☐ No

If yes, EPA license number _____

Where and when are EPA restricted use pesticides used? _____

Why necessary to use EPA restricted use pesticides? _____

Attach a list of actual EPA restricted (use) chemicals used.

13.

Provide details of chemical storage: _____

Are storage areas locked?

☐ Yes ☐ No

Are warning signs posted?

☐ Yes ☐ No

Are flammable pesticides stored in a fire resistive cabinet or shed?

☐ Yes ☐ No

14. Limits of Liability requested
- General Aggregate Limit (Other than Products-Completed Operations) \$ _____
- Products-Completed Operations Aggregate Limit \$ _____
- Personal and Advertising Injury Limit \$ _____ any one person or organization
- Each Occurrence Limit \$ _____
- Damage to Premises Rented to You (up to \$50,000 limit available) \$ _____ any one premise
- Medical Expense Limit (up to \$5,000 limit available) \$ _____ any one person
- Each Professional Incident Limit (if applicable) \$ _____

Effective Dates Desired From: _____ To: _____

• Property Damage Coverage Extension:

Check one	Premium
<input type="checkbox"/> \$5,000/\$25,000	included
<input type="checkbox"/> \$10,000/\$25,000	\$86
<input type="checkbox"/> \$25,000/\$25,000	\$115
<input type="checkbox"/> \$50,000/\$50,000	\$144
<input type="checkbox"/> \$100,000/\$100,000	\$173

• Lost Key Coverage:

Check one	Premium
<input type="checkbox"/> \$5,000/\$5,000	included
<input type="checkbox"/> \$10,000/\$25,000	\$58
<input type="checkbox"/> \$25,000/\$25,000	\$86

15. Deductible: \$ _____ per claim (**\$250 minimum**)

16. Property information (if applicable):

Building: Construction type _____ Protection class _____

Year built _____

Year of update: Wiring _____ Plumbing _____ Heating _____ Roof _____

Protective Safeguards: Sprinklers _____ %

Fire Alarms ☐ Yes ☐ No

Burglar Alarm ☐ Yes ☐ No

Smoke detectors: ☐ Yes ☐ No

If yes, central station _____ or local gong _____?

If yes, central station _____ or local gong _____?

SUBJECT OF INSURANCE	AMOUNT	COINS%	VALUATION	CAUSES OF LOSS	DEDUCTIBLE
Building					
Business Personal Property					
Tool Floater*					

*Any one floater item valued over \$1,000 must be scheduled.

17. Additional insureds-describe interests _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

18.

Prior insurance information. If no prior insurance, check here. <input type="checkbox"/>					
Year (3 Years)	Insurance Company	Premium	Loss		Open/Closed
			\$ Paid	\$ Reserve	
Loss descriptions: _____					

19.

Is the applicant or any other person for whom insurance is being requested aware of any circumstances which may result in a claim?

☐ Yes ☐ No

20.

Has the applicant or any other person for whom insurance is being requested had their insurance policy cancelled or non-renewed in the past 3 years? If yes, provide details. _____

☐ Yes ☐ No

Applicant's Signature: _____

Date: _____

Title: _____

Producing Agent: _____