Member Companies of Western World Insurance Group

Kapian Risk Services, Inc. www.kapianrisk.com

Application For

Pest Control Services

Applicant's Name:		
Business Name:		
Mailing Address:		
Street address		. "
City	State Zip)
Applicant's Web Site Address		
Location Address:		
Street address	· · · · · · · · · · · · · · · · · · ·	
Contact Name	State Zip	
Contact Name	Contact Phone Number:	
Are there any branch offices? Yes No		
If yes, provide addresses:		•
	p	
☐ Individual ☐ Corporation ☐ Partnershi Please show number of: Partners/Owners ☐ Full-time staff	p	
☐ Individual ☐ Corporation ☐ Partnershi	p	
☐ Individual ☐ Corporation ☐ Partnershi Please show number of: Partners/Owners ☐ Full-time staff	p	
☐ Individual ☐ Corporation ☐ Partnershi Please show number of: Partners/Owners Full-time staff What training is provided for new employees?	p Other (Explain) Part-time staff Other eted?	Yes
Individual Corporation Partnershi Please show number of: Partners/Owners Full-time staff What training is provided for new employees? Are new employees supervised until training is complete	p Other (Explain) Part-time staff Other eted?	Yes
Individual Corporation Partnershi Please show number of: Partners/Owners Full-time staff What training is provided for new employees? Are new employees supervised until training is completed. No. of years in business No. of years experience.	p	Yes
Individual Corporation Partnershi Please show number of: Partners/Owners Full-time staff What training is provided for new employees? Are new employees supervised until training is completed. No. of years in business No. of years experience. Annual gross sales \$ Does applicant subcontract work to others? \(\subseteq \text{Yes} \)	p	Yes
☐ Individual ☐ Corporation ☐ Partnershi Please show number of: Partners/Owners Full-time staff What training is provided for new employees? Are new employees supervised until training is completed. No. of years in business ☐ No. of years experience. Annual gross sales \$ ☐ Does applicant subcontract work to others? ☐ Yes If yes, what type of work? ☐	p	Ye
Individual Corporation Partnershi Please show number of: Partners/Owners Full-time staff What training is provided for new employees? Are new employees supervised until training is completed. No. of years in business No. of years experience. Annual gross sales \$ Does applicant subcontract work to others? \(\subseteq \text{Yes} \)	p	☐ Yes

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	% done by you/your employees	% subcontracted out	Not dor
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		·	777
Rodent / Animal Removal			
Other – (please describe)			
TOTAL (must equal 100%)			
	·		
Residential% Commercial or industrial work, please list the		Industrial	
	type of clients: Yes No ery or 110VAC units (foam	blasters)?	□ No
If commercial or industrial work, please list the Does insured perform any foaming operations? If yes, with small hand pump or with large batted bescribe precautions taken when using foam to be be because of the process of the pro	type of clients: Yes No ery or 110VAC units (foam	blasters)?	□ No
If commercial or industrial work, please list the Does insured perform any foaming operations? If yes, with small hand pump or with large batted Describe precautions taken when using foam to Does insured do any radon testing? Yes If yes, who does the analysis? Does insured do any radon remediation? Does or has the applicant used EPA "restricted If yes, EPA license number	type of clients: Yes No Pry or 110VAC units (foam or prevent foam from "esca No No Yes No use" pesticides?	blasters)?	□ No
If commercial or industrial work, please list the Does insured perform any foaming operations? If yes, with small hand pump or with large batted Describe precautions taken when using foam to Does insured do any radon testing? Yes If yes, who does the analysis? Does insured do any radon remediation?	type of clients: Yes No Pry or 110VAC units (foam or prevent foam from "esca No Ves No use" pesticides? ides used?	blasters)?	□ No eas.

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

Are storage areas locked?

No

No

No

Yes

Yes

Yes

14.	Limits of Liability requested					
•	General Aggregate Limit (Othe					
	Products-Completed Operation		mit	\$		
	Personal and Advertising Injury	/ Limit		. \$		any one person or
	Each Occurrence Limit			\$		organization
	Damage to Premises Rented to	You (up to \$5	0,000 limit av			any one premise
	Medical Expense Limit (up to \$	5,000 limit avai	lable)	\$		any one person
	Each Professional Incident Lim	it (if applicable))	\$		
	Effective Dates Desired Fron	n:		To:		
	Property Damage Cove	erage Extension	n· •	Lost Key Cov	erane.	
	· · · · · · · · · · · · · · · · · · ·	Premium		Check one	Premiur	n
•		ncluded			/\$5,000 included	
		\$86	•		0/\$25,000 \$58	
		\$115			0/\$25,000 \$86	
		\$144			.,,,,,,,,	
	\$100,000/\$100,000			· .		
				•		
15.	Deductible: \$ per	claim (\$250 m	inimum)			
40				* .		
16.	Property information (if applical Building: Construction	oie): type		Drotostion o	looo	
	Year built	туре	· ·	Protection c	lass	
	Year of update: Wiring	Plumb	ing	Heating	Roof	
	•		•			
·	Protective Safeguards: Sprinkle		%	Smoke dete		Yes No
	Fire Ala		res No		al station or	
	Burglar	Alarm \	res No	if yes, centra	al station or	local gong?
	SUBJECT OF INSURANCE	AMOUNT	COINS%	VALUATION	CAUSES OF LOS	S DEDUCTIBLE
	Building					·
•	Business Personal Property					
	Tool Floater*	-				
	*Any one floater item valued o	ver \$1.000 mus	st be schedule	ed.	<u> </u>	
	·					
17.	Additional insureds-describe int	erests				
	\					
						State of the Control
	THE STATE OF THE S					

18.	Prior insurance					
	Year	Year (3 Years) Insurance Company	Premium	Loss		Open/Classid
	(3 Years)			\$ Paid	\$ Reserve	Open/Closed
	Loss descriptio	ne.				
	Loss descriptio	ns:				
	×					
19.		or any other person for whor	m insurance is beir	ng requested aw	are of any	Yes No
	circumstances w	hich may result in a claim?	·			•
20.	Has the applican	nt or any other person for wh	nom insurance is b	eing requested h	nad their	Yes No
	insurance policy	cancelled or non-renewed i	n the past 3 years	? If yes, provide	details.	
					<u> </u>	
Applica	nt's Signature:	****			Date:	174H 400 - 1444 - 14 - 14 - 14
Title: _		**************************************		Producing Ager	nt:	