



EXTERMINATORS SUPPLEMENT APPLICATION

(Include Acord application)

Applicant's Name: _____ Location Address: _____
 Mailing Address: _____

Is applicant properly licensed where required by law? Yes No License Number _____
 Number of active owners/officers/partners: _____ Number of Employees _____
 Estimated annual: Payroll (excl. owner) _____ Receipts _____ Subs Costs _____
 Does applicant carry Workers' Compensation coverage? Yes No
 Does applicant subcontract work to others? Yes No
 If yes, are certificates of insurance required? Yes No
 Any blending or mixing of chemicals? Yes No

List subcontractor trades used with costs and percentage of operations

Trade	Cost	%	Trade	Cost	%

List percentage of operations under the following

Operation	Sales	%	Operation	Sales	%
Crop Spraying			Spraying around highways		
Fumigation			Spraying around railroads		
Insect extermination			Tenting		
Radon testing			Termite inspection w/out treat.		
Small pest extermination			Termite treatment		

Details:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

Applicant's Signature _____

Producer's Signature _____

Date _____