

**Please Complete All Sections
 THIS IS NOT A BINDER FOR COVERAGE**

5 Waller Avenue White Plains NY 10601 800-431-2794 Fax 914-428-0943

1) Proposed Effective Date

2) Proposed Expiration Date

3) Today's Date:

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4) NAME OF APPLICANT AND /OR CORPORATE NAME (Use separate sheet if more space is needed):

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5) MAILING ADDRESS:

	FEDERAL ID #

CITY

STATE: ZIP CODE:

6) E-Mail ADDRESS:

7a) CONTACT FOR INFORMATION AND FINAL AUDIT ADJUSTMENT:

7 b) ALTERNATE CONTACT:

8) TELEPHONE: 9) FAX: 10) ALTERNATE PHONE:

11) TYPE OF BUSINESS ENTITY:
 SOLE PROPRIETOR PARTNERSHIP CORPORATION OTHER

12) PEST CONTROL EXPERIENCE: YEARS WORKING FOR OTHERS YEARS AS OWNER

13) INVOLVED IN BUSINESS FULL TIME YES NO OVER THIRTY HOURS / WEEK? YES NO

14) DESCRIPTION OF OPERATIONS:

15) MEMBER OF ANY ASSOCIATIONS YES NO WHICH ONES? PLEASE LIST BELOW

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16) TOTAL GROSS SALES: TOTAL PAYROLL: 17) REQUESTED LIMIT OF LIABILITY

18) OPERATIONS	<input type="text"/> % Residential <input type="text"/> % Lawn and Garden <input type="text"/> % Fumigation Residential <input type="text"/> % Fumigation Commercial	<input type="text"/> % Agricultural <input type="text"/> % Municipalities <input type="text"/> % Comm'l Non Food <input type="text"/> % Food Related	<input type="text"/> % Pretreats: <input type="text"/> % Commodity Fumigation <input type="text"/> % Agricultural Fumigation: <input type="text"/> % Other Operations (Radon, Water and Septic Testing etc.)
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19) OPERATING LOCATIONS (IF DIFFERENT FROM MAILING ADDRESS)

	MAIN LOCATION	LOCATION 2	LOCATION 3
ADDRESS:			
STATE:			
	<input type="checkbox"/> OWN <input type="checkbox"/> LEASE	<input type="checkbox"/> OWN <input type="checkbox"/> LEASE	<input type="checkbox"/> OWN <input type="checkbox"/> LEASE

PEST CONTROL LICENSE #

20) ESTIMATED SALES BY CATEGORY AND STATE:

General Pest Control (insect and Rodent):		
Termite Control:		
WDO / WDI Inspection:		
Fumigation:		
Lawn Care Sales:		
Lawn Care Payroll:		
Product Sales:		
Pretreats:		
Carpentry:		
Other Income (explain):		
State Total:		

21) EMPLOYEE HIRING SECTION:

WHEN HIRING PERIODICALLY

HOW OFTEN

AMS #

CHECK YES RESPONSES

Annually

Two Years

Five Years

Never Again

- A) OBTAIN A MOTOR VEHICLE REPORT:
- B) COMPLETE EMPLOYMENT APPLICATION:
- C) OBTAIN AN UP-TO- DATE PHYSICAL:
- D) OBTAIN A DRUG SCREENING TEST:
- E) COMPLETE A BACKGROUND CHECK:
- F) TEST THEIR PEST CONTROL KNOWLEDGE:

22) CUSTOMER INFORMATION:

- A) BEFORE PROVIDING SERVICES TO A NEW CUSTOMER, DO YOU OBTAIN A PROFILE OF THE CUSTOMER IN TERMS OF POTENTIAL MEDICAL PROBLEMS AS IT RELATES TO PEST CONTROL? YES NO
- B) ALONG WITH MSDS SHEETS, DOES THE TECHNICIAN PROVIDE ANY WRITTEN OR VERBAL COMMUNICATION OUTLINING HAZARDS AND PRECAUTIONS TO BE TAKEN BY THE CUSTOMER? POTENTIAL MEDICAL PROBLEMS AS IT RELATES TO PEST CONTROL?
- C) DO YOU HAVE A RESPONSE PROCEDURE FOR CUSTOMER COMPLAINTS?

23) RECORD KEEPING:

- A) DO YOU HAVE PREPRINTED RECORD KEEPING FORMS THAT ALLOW THE TECHNICIAN TO CHECK OFF APPROPRIATE BOXES, THEREBY AVOIDING HANDWRITING ERRORS AND MISTAKES ON CHEMICAL CONCENTRATIONS?
- B) ARE SPECIFIC RECORDS KEPT FOR EACH TECHNICIANS:
 - TRAINING?
 - CONTINUING EDUCATION
 - INVENTORY USE?
- C) ARE MSDS KEPT ON FILE WITH AN ORGANIZED PROGRAM FOR UPDATES?
- D) ARE CUSTOMER RECORDS MAINTAINED CONCERNING:
 - PAST AND CURRENT CONTRACTS
 - ACCIDENTS AND / OR COMPLAINTS
 - AMOUNT OF PESTICIDE USED PER JOB SITE

24) SAFETY PROGRAM (IF YES PROVIDE COPIES OF WRITTEN MATERIALS)

- A) IS THERE A WRITTEN COMPANY SAFETY PLAN IN PLACE?
 - IF NO, IS THERE ANY COMMUNICATION ON SAFETY ISSUES? (DESCRIBE BELOW)
- B) ARE "SPOT CHECKS " CONDUCTED TO VERIFY COMPANY POLICY IS BEING FOLLOWED?

IF YES PROVIDE DETAILS:

- C) DO YOU PROVIDE FORMAL EMPLOYEE SAFETY TRAINING?
- D) IS PROPER TRAINING PROVIDED ON ALL SAFETY EQUIPMENT?
- E) DO EMPLOYEES WEAR KNEE PADS, HEAD GEAR, PROPER SHOES, EAR PLUGS AND SIMILAR PROTECTIVE WEAR?
- F) DO EMPLOYEES ATTEND FORMAL SAFETY MEETINGS?
 - ARE THE DOCUMENTED?

26) PESTICIDE USE

- A) NUMBER OF LICENSED TECHNICIANS: _____ B) NUMBER OF NON-LICENSED TECHNICIANS: _____
- C) ARE PROCEDURES WRITTEN DETAILING CONTROL TECHNIQUES FOR EACH PEST FOR DIFFERENT ENVIRONMENTS? (IF YES ATTACH COPY)
- D) HAVE YOU ISSUED PROPER SAFETY EQUIPMENT FOR EACH PESTICIDE AS LISTED ON THE LABEL?
- E) DO YOU HAVE A FORMAL EMERGENCY SPILL CONTROL PROCEDURE?
- F) ARE TECHNICIANS PERIODICALLY TESTED ON THIS PROCEDURE?
- G) LIST ALL CHEMICALS AND PESTICIDES USED:

26) FUMIGATION OPERATIONS: A) FUMIGANTS USED	PERCENT OF TOTAL FUMIGANT USED:	WHAT IS BEING FUMIGATED?

B) DO YOU USE METHYLBROMIDE? YES NO

WHAT IS METHYLBROMIDE USED FOR?

C) IS A CHECKLIST USED WHEN PERFORMING FUMIGATIONS YES NO

D) ARE HAZARD NOTICES AND SAFETY CHECKLISTS PROVIDED TO ALL OCCUPANTS? YES NO

E) ARE FOOD COMMODITY FUMIGATIONS PERFORMED? YES NO

F) DESCRIBE STANDARD FUMIGATION PROCEDURES:

27) TERMITE CONTROL OPERATIONS:

A) NUMBER OF TERMITE INSPECTIONS	<input type="text"/>	PER DAY	Number of Annual Clearance Letters:-	<input type="text"/>
	<input type="text"/>	PER INSPECTOR	Average Inspectors years of Experience:	<input type="text"/>
	<input type="text"/>	PER YEAR	Percentage of Licensed Inspectors: ***	<input type="text"/>

B) DO YOU SUB CONTRACT ANY TERMITE WORK? YES NO

C) IF YES DO YOU GET CERTIFICATES OF INSURANCE? YES NO

D) DO YOU USES TRAINED TERMITE INSPECTORS? YES NO

** As Respects real estate Sales
 *** Where Applicable

WORKERS COMPENSATION SECTION (ANSWER IF APPLICABLE)

28) EXPOSURES:	CLASS	PAYROLL	NUMBER OF EMPLOYEES
	EXTERMINATORS	<input type="text"/>	<input type="text"/>
	OFFICE EMPLOYEES:	<input type="text"/>	<input type="text"/>
	SALES PERSONS	<input type="text"/>	<input type="text"/>
	LAWN APPLICATION:	<input type="text"/>	<input type="text"/>
	OTHER	<input type="text"/>	<input type="text"/>
	Total	<input type="text"/>	<input type="text"/>

29) ARE ALL TECHNICIANS CERTIFIED? YES NO

30) NUMBER OF EMPLOYEES UNDERAGE 18? NUMBER OF EMPLOYEES OVER AGE 66?

AUTOMOBILE SECTION IF COVERAGE IS REQUESTED THE FOLLOWING INFORMATION IS REQUIRED

-COMPLETE DRIVER LIST INCLUDING FULL NAME, STATE, DATE OF BIRTH AND LICENSE NUMBER
-COMPLETE VEHICLE SCHEDULE, INCLUDING MAKE, MODEL, VEHICLE IDENTIFICATION NUMBER, YEAR, COST NEW, RADIUS OF OPERATION AND GARAGE LOCATION. THREE (3) YEARS LOSS HISTORY

31) NUMBER OF COMMERCIAL VEHICLES: 32) NUMBER OF PRIVATE PASSENGER VEHICLES: 33) TRAILERS

34) ARE ALL VEHICLES OWNED OR LEASED IN THE COMPANY NAME? YES NO

36) ANY VEHICLES OWNED BUT NOT LISTED ON THIS APPLICATION? YES NO

36) ARE MOTOR VEHICLE REPORTS CHECKED PRIOR TO HIRING? YES NO

37) ARE MVR CHECKS COMPLETED PERIODICALLY THROUGH EMPLOYMENT? YES NO

38) IS THERE A WRITTEN COMPANY GUIDELINE DEFINING A "BAD DRIVER" ? YES NO

IF SO, PLEASE INCLUDE A COPY

39) IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION? YES NO

40) DO DRIVERS ATTEND ANNUAL SAFETY TRAINING MEETINGS? YES NO

IF SO ARE THEY DOCUMENTED? YES NO

41) DO YOU DO UNANNOUNCED "SPOT CHECKS" OF VEHICLES? YES NO

42) ARE CHEMICALS PROPERLY SECURED WHEN ON BOARD A VEHICLE? YES NO

43) ARE CHEMICALS REMOVED AND SECURED AWAY FROM THE VEHICLE AT NIGHT? YES NO

44) ARE EMPLOYEE OWNED VEHICLES USED IN BUSINESS? YES NO

IF YES, SPECIFY VEHICLES AND DO YOU OBTAIN PROOF OF INSURANCE? YES NO

46) DO COMPANY VEHICLES REMAIN AT THE PLACE OF BUSINESS OVERNIGHT? YES NO

A) IF NO WHAT IS THE COMPANY POLICY ON PERSONAL USE?

B) ARE FAMILY MEMBERS ALLOWED TO DRIVE THE VEHICLES ? YES NO

IF YES, PROVIDE NAME, LICENSE NUMBER, STATE AND DATE OF BIRTH:

C) ARE PASSENGERS ALLOWED IN THE VEHICLES? YES NO

D) DO NON - EMPLOYEES HAVE PERMISSION TO DRIVE VEHICLES? YES NO

46) WHAT EXTRA PRECAUTIONS HAVE BEEN TAKEN TO REDUCE AUTO CLAIMS?

AMS #

GENERAL LIABILITY PREMIUM AND LOSS HISTORY (Attach additional pages for Property, Equipment and Auto):

CURRENT YEAR	Carrier	Policy Number	LIMIT	Premium	CHECK IF NO KNOWN CLAIMS <input type="checkbox"/>
Date of Loss	Description of Loss			Amount Paid	Status

Has Policy been canceled? YES NO

1st PRIOR YEAR	Carrier	Policy Number	LIMIT	Premium	CHECK IF NO KNOWN CLAIMS <input type="checkbox"/>
Date of Loss	Description of Loss			Amount Paid	Status

Has Policy been canceled? YES NO

2nd PRIOR YEAR	Carrier	Policy Number	LIMIT	Premium:	CHECK IF NO KNOWN CLAIMS <input type="checkbox"/>
Date of Loss	Description of Loss			Amount Paid	Status

Has Policy been canceled? YES NO

I certify that the above loss information, to the best of my knowledge, is true. I understand that a misrepresentation would be grounds for cancellation and denial of coverage

Applicant's Signature

Print Applicant's Name

Date

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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 HERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL BE ALSO SUBJECT TO CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED AMOUNT OF THE CLAIM FOR EACH SUCH VIOLATION.

APPLICANT'S SIGNATURE AND TITLE

PRINT APPLICANT'S NAME

DATE

COMMENTS:

PLEASED WITH OUR COVERAGE AND SERVICE?

PLEASE RECOMMEND A FRIEND !

NAME _____
 COMPANY _____
 ADDRESS: _____
 CITY: _____ STATE _____ ZIP CODE _____
 PHONE: _____ FAX: _____
 EMAIL _____

**THANK YOU FOR
 CHOOSING
 WEISBURGER
 INSURANCE!**

AMS # Pest Control Operators Questionnaire v.2-21-2001