

BROWNYARD GROUP

| |
|---------------------------------------|
| <input type="checkbox"/> New Business |
| <input type="checkbox"/> RENEWAL |

21 Maple Avenue • PO Box 9175 • Bay Shore, NY 11706-9175 • www.brownyard.com
 Call Toll Free (800) 645-5820 • in NY (631) 666-5050 • Fax: (631) 666-5723 • info@brownyard.com

NOTE: All Questions Must Be Answered



LIABILITY APPLICATION FOR PEST CONTROL PROGRAM

Application Requirements:

FULLY COMPLETED APPLICATION:

If additional space is needed, please use your firm's letterhead.

Application must be Dated and Signed by Insured.

LOSS RUNS:

We require four years of recently valued loss runs.

Financial Information Requirements: (Required ONLY if applying for non-auditable policy)

a. Profit/Loss Statement; or

b. Page one of Corporate Tax Return.

Note: The carrier requires documentation of the insured's receipts as part of the underwriting process. Our program is rated on Annual Sales/Receipts. Please supply documentation.

1. NAME: _____
(COMPLETE NAME AS IT SHOULD APPEAR ON THE POLICY, INCLUDING INC., CORP., LTD., ETC.)
2. Physical Address: _____
NO. STREET CITY COUNTY STATE ZIP
3. Mailing Address: _____
NO. STREET CITY COUNTY STATE ZIP
4. Policy proposed effective date _____ to _____ (12:01 AM Standard Time at the address above)
5. Check limit of liability desired: \$300,000 \$500,000 \$1,000,000 Excess (needs Brownyard Umbrella application)
6. Phone: _____ Fax: _____
7. Email: _____ Website: _____
8. How did you hear about us? Web surfing Ad in which publication: _____ Other: _____
9. Date established: _____ Corporation Partnership Individual Other: _____
10. Federal ID Number: _____ License Number: _____
11. Principal: _____ Title: _____
12. Person to contact for Audit: _____ Title: _____
13. Total number of employees: _____ Clerical: _____ Techs: _____ Outside Sales: _____
14. Employee Hiring Information:

| | Check if Yes | | How Often | | | |
|---------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | When Hiring | Periodically | Annually | Two Years | Five Years | Never Again |
| a. Obtain a motor vehicle report: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Complete employment application: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Obtain a drug screening test: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Complete a background check: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Test their pest control knowledge: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
15. Describe training program now in force for non-certified employees:

16. Does training program include a minimum of 4 weeks of on-the-job training with a supervisor? Yes No
17. Do you mix chemicals of others and place your labels on them? Yes No If yes, please give details:
18. What instructions or warnings do you provide at the time of application?
19. Do you make follow-up visits after a pest treatment? Yes No If yes, how long after treatment? _____
20. Do you make follow-up phone calls after a pest treatment? Yes No If yes, how long after treatment? _____

21. Do you provide pre-treatments to new structures? Yes No Chemical(s) used for pre-treatments: _____
22. Are technicians specially trained for pre-treatment work? Yes No
23. Are label directions for application and chemical amount strictly followed? Yes No
24. Do you provide WDO/WDI inspections? Yes No
- a. Average amount of time spent performing a pest inspection: _____ hours _____ minutes
- b. Number of inspections done annually for real estate closings: _____
25. Indicate the percentage of the type of clients you serve (must equal 100%):
- _____ % Commercial/Industrial _____ % Residential (Private Homes)
- _____ % Food Processors _____ % Attached Housing (Apartments, Condominiums, Townhomes, etc.)
- _____ % Municipalities _____ % Hospitals/Healthcare Facilities (*must complete 25A*)
- _____ % Restaurants _____ % Schools/Daycare Centers (*must complete 25B*)
- _____ % Other (Describe): _____

25A. HOSPITALS/HEALTHCARE FACILITIES SUPPLEMENTAL QUESTIONS:

1. Are treatments provided *inside* facility? Yes No If Yes, please provide a brief narrative of chemicals used and areas serviced.

25B. SCHOOL/DAYCARE SUPPLEMENTAL QUESTIONS:

1. Do you currently treat inside these facilities? Yes No
2. What chemical/products are utilized?

3. List the areas of treatment, inside facility:

4. List the precautions and/or restrictions that are taken when treating for these type of clients:

5. How long have you been treating these type facilities? _____

| 26. Sales And Chemical Information (Must be Completed) | Estimated Gross Receipts | Estimated Gross Payroll | Chemicals/Products or Baiting Systems Utilized |
|---|-----------------------------|----------------------------|---|
| • WDO/WDI Inspections..... | \$ _____ | \$ _____ | _____ |
| • Bedbugs (complete #26A if providing Bedbug Treatments) | \$ _____ | \$ _____ | _____ |
| • Insects (not including Termites or Bedbugs) | \$ _____ | \$ _____ | _____ |
| • Rodents | \$ _____ | \$ _____ | _____ |
| • Termites | \$ _____ | \$ _____ | _____ |
| • Mosquitoes..... | \$ _____ | \$ _____ | _____ |
| • Landscape Gardening (laying out grounds, planting trees, shrubs, flowers, etc.)..... | \$ _____ | \$ _____ | _____ |
| • Lawn or Ornamental Spraying..... | \$ _____ | \$ _____ | _____ |
| • Lawn Care (mowing, edging, fertilizing, etc.)..... | \$ _____ | \$ _____ | _____ |
| • Fumigation | \$ _____ | \$ _____ | _____ |
| • Pre-treatments | \$ _____ | \$ _____ | _____ |
| • Product sales | \$ _____ | \$ _____ | _____ |
| • Termite repair work (light carpentry) | \$ _____ | \$ _____ | _____ |
| • Other Operations (Specify): | \$ _____ | \$ _____ | _____ |

Cost (*actual amount paid to subcontractor*):

• Subcontracted Work..... \$ _____ \$ _____

26A.1. Where is insured providing bedbug eradication treatments? (i.e. private homes, apartments, hotels, etc.):

26A.2. Method used to eradicate bedbugs? (i.e. chemicals, heat, freezing, etc.) If chemicals, please list chemicals used:

26A.3. Experience of technicians and/or owner as respects to bedbug eradication treatments?

26A.4. Do you have a specific contract in place for bedbug treatment services? Yes No

Does the contract provide any warranties or guarantees as respects to bedbug treatments? Yes No

Does the contract indicate multiple treatments may be required? Yes No

27. List your (3) largest clients: 1 _____
2 _____
3 _____

28. Do you own or operate any other enterprise? Yes No If yes, please provide details of operations and advise if insured separately: _____

29. Are any persons performing services under your name as Independent Contractors? Yes No If yes, please describe operation and relationship: _____

30. a. General liability insurer and claims history for past three years. *(Even if there are no losses, please provide insurer history.)*

| Company | Policy No. | Policy Dates | Limits of Liability | Deductible | Premium | No. of Claims | Loss Reserve Amount |
|---------|------------|--------------|---------------------|------------|---------|---------------|---------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

b. Name of present Insurance Company: _____ Expires on: _____

c. Has insurance ever been cancelled or non-renewed? Yes No If yes, explain:

31. Describe procedures for disposal of empty containers and disposal of unused products:

32. Describe all spill control procedures:

33. Do you engage in any drilling operations as regards to pesticide applications? Yes No If yes, what precautions are taken to avoid drilling into service lines (i.e. gas, water, oil, etc.)?

NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD.

NOTICE TO ARKANSAS, LOUISIANA AND NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an Insurance Company for the purpose of defrauding or attempting to defraud the Company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any Insurance Company or agent of an Insurance Company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony in the third degree.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance 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.

NOTICE TO MAINE APPLICANTS: It is a crime to provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW YORK APPLICANTS: 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 thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON APPLICANTS: Any person who, knowingly and with intent to defraud or facilitate a fraud against any insurance company or other person, submits an application, or files a claim for insurance containing any false, deceptive, or misleading material information may be guilty of insurance fraud.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with the 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 thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO PUERTO RICO APPLICANTS: Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps, or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTE: THIS APPLICATION MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN OR CEO OF THE APPLICANT ACTING AS THE AUTHORIZED AGENT OF THE PERSON(S) AND ENTITY(IES) PROPOSED FOR THIS INSURANCE.

APPLICANT'S SIGNATURE

TITLE

DATE

APPLICATION MUST BE SUBMITTED BY BROKER

BROKER'S COMPANY

BROKER NAME

WEBSITE

ADDRESS

CITY

STATE

ZIP

TELEPHONE

FAX

EMAIL