

# 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  
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**NOTE: All Questions Must Be Answered**



## LIABILITY APPLICATION FOR WILDLIFE CONTROL PROGRAM

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 A.M., 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. Are you a member of the National Wildlife Control Operators Association (NWCOA)?  Yes  No  
If yes, please provide membership number \_\_\_\_\_
9. How did you hear about us?  Web surfing  Ad in which publication: \_\_\_\_\_  
 Other: \_\_\_\_\_
10. Date established: \_\_\_\_\_  Corporation  Partnership  Individual  Other: \_\_\_\_\_
11. Federal ID Number: \_\_\_\_\_ License Number: \_\_\_\_\_
12. Person to contact: \_\_\_\_\_ Title: \_\_\_\_\_
13. Total number of employees: \_\_\_\_\_ Clerical: \_\_\_\_\_ Techs: \_\_\_\_\_ Outside Sales: \_\_\_\_\_
14. Describe training program now in force for non-certified employees: \_\_\_\_\_  
\_\_\_\_\_
15. Does training program include a minimum of 4 weeks of on-the-job training with a supervisor?  Yes  No
16. Do you provide euthanasia services?  Yes  No If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
17. Do you use firearms for wildlife control?  Yes  No If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
18. Do you trap or catch domestic cats or dogs?  Yes  No
19. Do you manufacture, private label, sell traps or lures for use by others?  Yes  No If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
20. Do you use or store any restricted-use materials?  Yes  No If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
21. Has any regulatory action been taken against you or your business due to a violation of any federal or state law?  
 Yes  No If yes, explain (what, who, when, fines): \_\_\_\_\_  
\_\_\_\_\_

22. Indicate the percentage of the type of clients you serve (must equal 100%):

_____ % Commercial/Industrial	_____ % Residential
_____ % Food Processors	_____ % Restaurants
_____ % Municipalities	_____ % Pre-Treatments
_____ % Hospitals/Health Care Facilities	_____ % Schools/Daycare Centers
_____ % Other (Describe): _____	

23. Receipt and Trap Information (**Must be Completed**):

CLASSIFICATIONS	GROSS RECEIPTS	GROSS PAYROLL	TYPE OF TRAP/BAIT USED
Raccoons, Skunks, Squirrels, Opossums	\$ _____	\$ _____	
Moles			
Snakes			
Rodent Control (rats/mice)			
Bat Control			
Other: _____			
Work Subcontracted			

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

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

26. 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. Have you incurred any General Liability claims over the past 4 years?  Yes  No

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

27. Describe procedures for disposal or release of animals: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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