

## PROGRAM APPLICATION – REQUIREMENTS FOR SUBMISSION (RENEWAL ONLY)

- Our Program Applications
- Excess – Brownyard Application & Auto Loss Runs

- Note: All Questions Must Be Answered
- Brownyard Application Must Be Submitted by Broker

Line of Business:  General Liability  Excess

GL Policy Number: \_\_\_\_\_

1. Insured Company Name: \_\_\_\_\_  
(Legal name of the entity/primary applicant as it should appear on the policy, including INC., CORP., LTD., ETC.)
2. DBA(s): \_\_\_\_\_  
(List any and all names insured's company is Doing Business As (DBA))
3. Mailing Address: \_\_\_\_\_  
NO. STREET CITY STATE ZIP
4. Physical Address\*: \_\_\_\_\_  
NO. STREET CITY STATE ZIP  
(\*Attach a list if multiple locations)
5. County: \_\_\_\_\_ NAICS/SIC Code: \_\_\_\_\_
6. Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
7. Company Email: \_\_\_\_\_ Website: \_\_\_\_\_
8. Principal: \_\_\_\_\_  
Direct Phone: \_\_\_\_\_ Title: \_\_\_\_\_  
Email: \_\_\_\_\_ Mobile: \_\_\_\_\_
9. Audit Contact: \_\_\_\_\_  
Direct Phone: \_\_\_\_\_ Title: \_\_\_\_\_  
Email: \_\_\_\_\_ Mobile: \_\_\_\_\_
10. Policy proposed effective date: \_\_\_\_\_ Date Established: \_\_\_\_\_
11. Do you currently use Glyphosate?  Yes  No  
Have you ever used Glyphosate?  Yes  No If Yes, when was use discontinued: \_\_\_\_\_
12. Do you collect, transmit, provide, acquire, or scan any biometric data from others? (Biometric data can be defined as retina/iris scans, fingerprint, voiceprint, or scan of hand or face geometry)  Yes  No  
a. If yes, please advise if you collect, transmit, provide, acquire, or scan it and identify the type of biometric exposure (facial recognition, fingerprints, iris scanning, etc.):  
\_\_\_\_\_
13. Do you have a written biometric policy in place that complies with the regulations of the states you operate in?  
 Yes  No If yes, please provide copy.
14. Have there been any changes in your operations or type of work performed since last year?  Yes  No If yes, please explain: \_\_\_\_\_
15. Have there been, or are you aware of any claims incurred over the last 3 years that we are not aware of?  Yes  No  
If yes, please provide loss runs or details: \_\_\_\_\_
16. What is your process for scheduling and completing annual inspections? \_\_\_\_\_
17. Is this process documented?  Yes  No
18. Is it your policy to document past termite damage on every annual report?  Yes  No
19. How long are records maintained per client? \_\_\_\_\_

20. Do records for each client include:

- 1 A copy of the contract? .....  Yes  No
- 2 Diagrams of work/prior damage if any? .....  Yes  No
- 3 All service dates? .....  Yes  No

21. Do you assume contracts from other pest control companies?  Yes  No

22. When taking over a contract or initiating a new contract, do you complete a prior damage diagram?  Yes  No

23. Have you ever been subject to any inquiries or infractions imposed by any governing body in your state? .....  Yes  No  
If Yes, please provide details: \_\_\_\_\_

## 22. LIST ANNUAL PAYROLL/RECEIPTS SEPERATELY BY CATEGORY

Sales And Chemical Information (Must be Completed)	Estimated Gross Receipts	Estimated Gross Payroll	Chemicals/Products or Baiting Systems Utilized
Bee Removal	\$	\$	
Bedbugs*	\$	\$	
Fumigation*	\$	\$	
Insects (not including Termites or Bedbugs)	\$	\$	
Landscape Gardening (laying out grounds, planting trees, shrubs, flowers, etc.)	\$	\$	
Lawn or Ornamental Spraying for Pests	\$	\$	
Lawn Care (mowing, edging, fertilizing, etc.)	\$	\$	
Mosquitoes*	\$	\$	
Pre-treatments	\$	\$	
Product sales*	\$	\$	
Rodents	\$	\$	
Termites*	\$	\$	
Termite repair work (light carpentry)	\$	\$	
WDO/WDI Inspections	\$	\$	
Waterproofing (Encapsulation, dehumidifiers, vents, etc.)	\$	\$	
Other Operations (Specify):	\$	\$	

CATEGORY	PAYROLL
<b>OFFICE &amp; MANAGEMENT</b>	
Executive	
Supervisory	
Sales	
Clerical	

## COMMERCIAL EXCESS APPLICATION (only if applicable)

1. Expiring Excess policy number (renewal only): \_\_\_\_\_ Effective Date: \_\_\_\_\_
2. Check limit of liability desired:  \$1,000,000  \$2,000,000  \$3,000,000  \$4,000,000  \$5,000,000
3. Underlying Insurance (Please provide us with copies of the underlying declarations pages and 4 years of currently valued loss runs for policies not written through our office)

Type	Carrier / Policy Number	Effective Date	Expiration Date	Limits		Premium
General Liability				Per Occurrence		
				Aggregate		
Automobile Liability				Combined Single Limit		
				Bodily Injury		
				Physical Damage		
Employers Liability (Workers' Comp)				Each Accident		
				Disease Policy Limit		
				Disease Employee	Each	

### Auto Information (Required if scheduling auto within excess):

#### 1. Vehicles:

TYPE		Number Owned	Number Non-Owned	Number Leased
Private Passenger				
Trucks	Light			
	Medium			
	Heavy			
	Ex. Heavy			
Buses				

Total Insurance Value for Auto Fleet: \_\_\_\_\_

#### 2. Use:

- a. How are vehicles used? \_\_\_\_\_
- b. Do autos go outside the US?.....  Yes  No
- c. Are any explosives, flammables or other dangerous cargo hauled? .....  Yes  No
- d. Are passengers carried for a fee?.....  Yes  No

#### 3. Drivers:

- a. Are employees allowed to use their personal vehicles for business use? .....  Yes  No
- b. If yes, does the insured confirm that minimum limits of personal auto insurance is carried?.....  Yes  No
- c. Are employees allowed to use company vehicles for personal use?.....  Yes  No
- d. Can family members drive company vehicles?.....  Yes  No
- e. Does the underlying insurance include Hired/Non-Owned Auto? .....  Yes  No
- f. Are MVRs checked for all drivers? .....  Yes  No
- g. Are MVRs regularly checked during their employment?.....  Yes  No If so, how often? \_\_\_\_\_
- h. If MVR is poor, what corrective action is taken: \_\_\_\_\_
- i. Provide a brief explanation of the driver selection process (e.g. age, MVR review, proof of valid driver's license, drivers test, 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.

**Applicable in AL, AR, LA, MD, NM, RI and WV:** Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or 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. \*Applies in MD Only.

**Applicable in CA:** For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Applicable in CO:** 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.

**Applicable in DC:** 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.

**Applicable in FL and OK:** 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 (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment of other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, OH and PA:** 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.

**Applicable in ME, TN, VA and WA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**Applicable in NY: Applicable to all claim forms for insurance and all applications for commercial insurance and accident and health insurance:** 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.

**Applicable in NY: Applicable to all applications and claim forms for automobile insurance:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company 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 value of the subject motor vehicle or stated claim for each violation.

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. This request is for a cost-free, premium quotation only. In signing, I understand I am not obligated to purchase this insurance. This application shall not be binding unless and until confirmation by the company or its duly appointed representatives has been given, and that a policy shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a just, full and true exposition, statement and explanation of all the facts and circumstances with regard to the risk to be insured, insofar as same are known to the applicant, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the insured.

APPLICANT'S SIGNATURE	TITLE	DATE	
BROKER COMPANY	BROKER NAME	WEBSITE	
ADDRESS	CITY	STATE	ZIP
TELEPHONE	FAX	EMAIL	

**BROKERS:** To submit complete application, please email PDF to [info@brownyard.com](mailto:info@brownyard.com).

**INSUREDS:** Please save and share with your insurance agent/broker.