

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: _____ Title: _____
Direct Phone: _____ Mobile: _____
Email: _____
9. Audit Contact: _____ Title: _____
Direct Phone: _____ Mobile: _____
Email: _____
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
OFFICE & MANAGEMENT	
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		Total \$
				Bodily Injury		Liability Only:
				Physical Damage		\$ <i>Required if scheduling auto</i>
Employers Liability (Workers' Comp)				Each Accident		
				Disease Policy Limit		
				Disease Each Employee		

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.)

