

# BROWNYARD GROUP

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

**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.

(Legal name of the entity/primary applicant as it should appear on the policy, including INC., CORP., LTD., ETC.)

1. Named Insured: \_\_\_\_\_
2. Other Entity/DBA(s): \_\_\_\_\_  
 (Legal name of the entity/primary applicant as it should appear on the policy, including INC., CORP., LTD., ETC.)
3.  Assoc  Corp  Individual  Joint Venture  LLC  LLP  LTD  Partnership  S-Corp  Sole Proprietor  Trust  
 Non-Profit  Other: \_\_\_\_\_
4. Principal: \_\_\_\_\_ Title: \_\_\_\_\_  
 Direct Phone: \_\_\_\_\_ Email: \_\_\_\_\_
5. Audit Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
 Direct Phone: \_\_\_\_\_ Email: \_\_\_\_\_
6. Mailing Address: \_\_\_\_\_  
 NO. STREET CITY STATE ZIP
7. Physical Address: \_\_\_\_\_  
 NO. STREET CITY STATE ZIP COUNTY  
 (\*Attach a list if multiple locations)
8. Business Phone: \_\_\_\_\_ Mobile/Home: \_\_\_\_\_ Fax: \_\_\_\_\_
9. Company Email: \_\_\_\_\_ Website: \_\_\_\_\_
10. Federal ID Number/FEIN: \_\_\_\_\_ License Number: \_\_\_\_\_
11. Policy proposed effective date: \_\_\_\_\_ Date established: \_\_\_\_\_
12. How did you hear about us?  Web surfing  Ad in which publication: \_\_\_\_\_  Other: \_\_\_\_\_
13. Total number of employees: \_\_\_\_\_ Clerical: \_\_\_\_\_ Techs: \_\_\_\_\_ Outside Sales: \_\_\_\_\_
14. Check limit of liability desired:  \$300,000  \$500,000  \$1,000,000  Other: \_\_\_\_\_  
 Excess/Umbrella (needs Brownyard Excess/Umbrella application)  Employee Benefits Liability  Retroactive Date (if needed): \_\_\_\_\_
15. 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"/>
16. Describe training program now in force for non-certified employees:
17. Does training program include a minimum of 4 weeks of on-the-job training with a supervisor?  Yes  No
18. Do you mix chemicals of others and place your labels on them?  Yes  No If yes, please give details:

19. What instructions or warnings do you provide at the time of application:
20. Do you make follow-up visits after a pest treatment? .....  Yes  No If yes, how long after treatment: \_\_\_\_\_
21. Do you make follow-up phone calls after a pest treatment? .....  Yes  No If yes, how long after treatment: \_\_\_\_\_
22. Do you provide pre-treatments to new structures? .....  Yes  No Chemical(s) used for pre-treatments: \_\_\_\_\_
23. Are technicians specially trained for pre-treatment work? .....  Yes  No
24. Are label directions for application and chemical amount strictly followed? .....  Yes  No
25. 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: \_\_\_\_\_
26. Indicate the percentage of the type of clients you serve (must equal 100%):
- \_\_\_\_\_ % Commercial/Industrial \_\_\_\_\_ % Residential (Private Homes)
- \_\_\_\_\_ % Food Processors \_\_\_\_\_ % Restaurants
- \_\_\_\_\_ % Hospitals/Healthcare Facilities \_\_\_\_\_ % Schools/Daycare Centers (*must complete 26B*)
- \_\_\_\_\_ % Municipalities \_\_\_\_\_ % Attached Housing (Apartments, Condominiums, Townhomes, etc.)
- \_\_\_\_\_ % Other (*describe*): \_\_\_\_\_

**26B. 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: \_\_\_\_\_

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

*Cost (actual amount paid to subcontractor):*

• Subcontracted Work..... \$ \_\_\_\_\_ \$ \_\_\_\_\_

Provide your total Annual Gross Sales for the last 3 years:

Expiring Year: \$ \_\_\_\_\_ 1st Prior Year: \$ \_\_\_\_\_ 2nd Prior Year: \$ \_\_\_\_\_

27A.1. Do you currently use Glyphosate?  Yes  No

Have you ever used Glyphosate?  Yes  No If Yes, when was use discontinued: \_\_\_\_\_

27A.2. Where is insured providing bedbug eradication treatments? (i.e. private homes, apartments, hotels, etc.):

27A.3. Are heat treatments used to eradicate bedbugs?  Yes  No If no, please list methods used for eradication:

27A.4. Experience of technicians and/or owner as respects to bedbug eradication treatments?

27A.5. 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

28. List your (3) largest clients: 1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_

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

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

31. 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:

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

33. Describe all spill control procedures:

34. 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 FRAUD 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.** 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

**APPLICATION MUST BE SUBMITTED BY BROKER**

\_\_\_\_\_  
BROKER'S COMPANY

\_\_\_\_\_  
BROKER NAME

\_\_\_\_\_  
WEBSITE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
TELEPHONE

\_\_\_\_\_  
FAX

\_\_\_\_\_  
EMAIL