



Insurance when you know BETTER®

PROGRAM APPLICATION - REQUIREMENTS FOR SUBMISSION

- Pages 1-5 MUST be completed
Current Loss Information - 4 Years
Excess - Brownyard Application & Auto Loss Runs
Note: All Questions Must Be Answered
Brownyard Application Must Be Submitted by Broker

Business Type: New Business Renewal GL Policy Number - Renewal Only:
Line of Business: General Liability Excess GL Effective Date:
Workers' Compensation (Please attach required forms: ACORD 125, and 130)

Interested in: Auto (Please attach required forms: ACORD 125, 127, 129 and 137)
Property (Attach req. forms: ACORD 125 and 140) Inland Marine (Attach req. forms: ACORD 125, 146, and 148)

- 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] & please list additional named insureds on separate sheet for whom this proposed policy will provide coverage)
3. Individual Assoc Corp LLC LLP Partnership C-Corp S-Corp Sole Proprietor Joint Venture Trust Non-Profit Other:
4. Mailing Address: NO. STREET CITY STATE ZIP
5. Physical Address*: NO. STREET CITY STATE ZIP (*Attach a list if multiple locations)
6. County: NAICS/SIC Code:
7. Business Phone: Fax:
8. Company Email: Website:
9. Federal ID Number/FEIN: License Number:
10. Principal: Title: Direct Phone: Mobile: Email:
11. Audit Contact: Title: Direct Phone: Mobile: Email:
12. A. Has the principal(s) of this firm previously operated a similar firm under a different name? B. If yes, please provide the former name:
13. Policy proposed effective date: Date established:
14. How did you hear about us? Internet Search Social Media Ad in which publication: Email Word of Mouth Other:
15. Check limit of General Liability desired: \$300,000 \$500,000 \$1,000,000 Other:

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EMPLOYMENT AND TRAINING INFORMATION

16. Total number of employees: _____ Clerical: _____ Techs: _____ Outside Sales: _____
Average Length of Employment: _____
17. Employees over age 65: _____ Full Time: _____ Part Time: _____ (N/A in the state of CA)
Describe duties of age 65+ employees: _____
18. Employees under age 21: _____ Full Time: _____ Part Time: _____ (N/A in the state of CA)
Describe duties of employees under age 21: _____
19. 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"/> |
| f. Credit Check | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Fingerprints | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Psychological Testing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Honesty Testing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Personal Interview | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Physical | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Prior Employer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
20. Describe training program now in force for non-certified employees: _____
21. Does training program include a minimum of 4 weeks of on-the-job training with a supervisor? Yes No
22. Are technicians specially trained for pre-treatment work? Yes No

OPERATIONS INFORMATION

23. What is your process for scheduling and completing annual inspections? _____
24. Is this process documented? Yes No
25. Is it your policy to document past termite damage on every annual report? Yes No
26. How long are records maintained per client? _____
27. Do records for each client include:
- a) A copy of the contract? Yes No
 - b) Diagrams of work/prior damage if any? Yes No
 - c) All service dates? Yes No
28. Do you assume contracts from other pest control companies? Yes No
29. When taking over a contract or initiating a new contract, do you complete a prior damage diagram? Yes No
30. Do you follow-up with your clients after a pest treatment? Yes No If yes, answer part a:
- a) Communication Method: _____ How long after treatment? _____
31. Have you ever been subject to any inquiries or infractions imposed by any governing body in your state? Yes No
If Yes, provide details: _____
32. Do you mix chemicals of others and place your labels on them? Yes No If yes, please provide details: _____
33. What instructions or warnings do you provide at the time of application? _____
34. Are label directions for application and chemical amount strictly followed? Yes No
35. Is this information kept at a central location available to all handlers? Yes No
36. Do you currently use Glyphosate (i.e., Roundup, etc.)? Yes No
37. Have you ever used Glyphosate? Yes No If Yes, when was use discontinued: _____

38. Do you provide pre-treatments to new structures?..... Yes No Chemical(s) used for pre-treatments: _____
39. Describe procedures for disposal of empty containers and disposal of unused products: _____
40. Describe all spill control procedures: _____
41. Do you engage in any drilling operations as regards to pesticide applications? Yes No
a) If yes, what precautions are taken to avoid drilling into service lines (i.e., gas, water, oil, etc.)? _____
42. List your (3) largest clients: 1: _____
2: _____
3: _____
43. Types of clients being serviced:
a) 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*)
_____ % Hotels/Motels _____ % Attached Housing (Apartments, Condominiums, Townhomes, etc.)
_____ % Municipalities _____ % Other (*describe*): _____
- b) **School/Daycare Supplemental Questions:**
- Do you currently treat inside these facilities? Yes No
 - What chemical/products are utilized?

 - List the areas of treatment, inside facility:

 - List the precautions and/or restrictions that are taken when treating for these types of clients:

 - How long have you been treating these types of facilities? _____
44. Are any persons performing services under your name as Independent Contractors? Yes No
a) If yes, please describe operation and relationship: _____
b) If yes, do they carry their own insurance? Yes No
45. Do you Subcontract work to others? Yes No
If yes, please complete a - f.
a) What percentage of your total operations is subcontracted to others? _____ %
b) What are your annual subcontracted costs? \$ _____
c) What type of work is subcontracted to others? _____
d) Do you obtain Certificates of Insurance evidencing General Liability & Workers' Comp Insurance? Yes No
e) Do you require each Subcontractor to add you onto their General Liability Policy as an Additional Insured? Yes No
f) Do you retain all Certificates of Insurance for at least 5 years and make sure insurance is current? Yes No
46. Does the Applicant/Owner currently own any other Entities and/or operate any other businesses? Yes No
If yes, please complete a - c.
a) Provide name and describe operations: _____

- b) Is the Entity/Business still active? Yes No
c) If still active, is there separate General Liability Insurance in place for their operations? Yes No

PRIOR GENERAL LIABILITY INFORMATION

47. General liability insurer and claims history for past five years (Even if there are no losses, please provide insurer history.)

Policy #					
Policy Term					
Insurer					
Premium					
Limits of Liability					
Revenue					
Deductible					
Losses					

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

49. 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):	\$	\$	

*See supplemental section to attach scheduled locations/lists of clients/properties

CATEGORY	PAYROLL
OFFICE & MANAGEMENT	
Executive	
Supervisory	
Sales	
Clerical	

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

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

SUPPLEMENTAL SECTION*

(Please complete this section if you provide services to any of these clients)

BEDBUGS

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

- Are heat treatments used to eradicate bedbugs? Yes No If no, please list methods used for eradication:

- Experience of technicians and/or owner as respects to bedbug eradication treatments?

- 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

FUMIGATION

- Do you provide commodity or silo fumigation? Yes No If so, please provide details:

- Are signs posted outside of structures during fumigation? Yes No
- How are structures secured to prevent accidental entrance into a structure under fumigation?

MOSQUITOES

- Do you provide mosquito spraying for municipalities? Yes No
- Do you provide mosquito control via street spraying? Yes No If so, what is maximum height off the ground of misting release head?

PRODUCT SALES

- Type of products being sold:

- Are you selling products to the general public or other pest control professionals? _____
- Are you selling any products under private label? Yes No If so, please provide details:

TERMITES

- Do you provide termite control work without first performing a visual inspection? Yes No
- Do you treat for Formosan termites? Yes No If so, please indicate percentage of termite control work that makes up Formosan termite control: _____%
- Do you schedule follow ups with customers after a termite treatment? Yes No

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:

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

3. Drivers:

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

WORKERS' COMPENSATION (only if applicable)

1. Expiring WC policy number (renewal only): _____ Effective Date: _____

2. **LIST PAYROLL SEPARATELY BY STATE:** PLEASE PROVIDE BREAKDOWN OF PAYROLL EXPENSES FOR EACH STATE FOR WHICH YOU DESIRE COVERAGE.

CATEGORY	PAYROLL	THIS COLUMN FOR COMPANY USE ONLY
A. OFFICE & MANAGEMENT		
Executive		
Supervisory		
Sales		
Clerical		
B. PEST CONTROL OPERATIONS		
1. Service as WDO/WDI Inspector only		
2. Extermination		
a. Insects		
b. Rodents		
c. Termites		
C. Landscape, Gardening, Pruning, or Repairs		
D. Tree/Shrub or Lawn Spraying, Dusting		
E. Fumigation		
F. Radon Testing		
G. Other Operations – Bee Removal		

3. a. Is personal protective equipment provided? Yes No If not, please explain: _____

b. Is personal protective equipment used during ALL applications? Yes No

c. Are handlers trained on the cleaning, maintenance and disposal of personal protective equipment? Yes No

4. Is there a site where handlers who have been exposed can wash pesticides and residues from body? Yes No

5. Is there an emergency plan in effect when a handler is injured by pesticides? Yes No

6. Height work:

a) Ladders Scaffold Yes No Scissor/Man Lifts Yes No Scaffold Yes No

b) Any work performed > 15 feet Yes No

c) Service visits with height work: _____%

d) Provide additional height work details, safety procedures and training requirements:

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. 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	

- **BROKERS:** To submit complete application, please email PDF to info@brownyard.com
- **INSUREDS:** Please save & share with your insurance agent/broker