

BROWNYARD GROUP

<input type="checkbox"/> New Business <input type="checkbox"/> RENEWAL

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



Pest Control Operators WORKERS' COMPENSATION Application

(Workers' Compensation ACORD Application Must Be Attached)

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

- Named Insured: _____
 - Other Entity/DBA(s): _____
(Legal name of the entity/primary applicant as it should appear on the policy, including INC., CORP., LTD., ETC.)
 - Assoc Corp Individual Joint Venture LLC LLP LTD Partnership S-Corp Sole Proprietor Trust
 Non-Profit Other: _____
 - Principal: _____ Title: _____
 Direct Phone: _____ Email: _____
 - Audit Contact: _____ Title: _____
 Direct Phone: _____ Email: _____
 - Mailing Address: _____

NO.	STREET	CITY	STATE	ZIP
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 - Physical Address: _____

NO.	STREET	CITY	STATE	ZIP	COUNTY
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*(*Attach a list if multiple locations)*
 - Business Phone: _____ Mobile/Home: _____ Fax: _____
 - Company Email: _____ Website: _____
 - Federal ID Number/FEIN: _____ License Number: _____
 - Policy proposed effective date: _____ Date established: _____
 - How did you hear about us? Web surfing Ad in which publication: _____ Other: _____
 - Total number of employees: _____ Full Time: _____ Part Time: _____ (over 65: _____)[†] (under 21: _____)[†]
[†](N/A in the state of CA)
 - Average length of employment: _____
 - Describe your training programs: _____
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- Pre-Employment Screening:

Credit Check.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	Personal Interview	<input type="checkbox"/> Yes <input type="checkbox"/> No
Driving Record	<input type="checkbox"/> Yes <input type="checkbox"/> No	Physical.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Drug Testing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Prior Employer	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fingerprints	<input type="checkbox"/> Yes <input type="checkbox"/> No	Psychological Testing.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Honesty Testing.....	<input type="checkbox"/> Yes <input type="checkbox"/> No		
 - Additional Exposures:
 Independent Contractors: _____
 Do the independent contractors carry their own insurance? Yes No Other operations (provide description): _____

18. 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
 _____ % Municipalities _____ % Attached Housing (Apartments, Condominiums, Townhomes, etc.)
 _____ % Other (*describe*): _____

19. **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		

20. List of chemicals used (PLEASE BE SPECIFIC AS MANY CHEMICALS ARE AVAILABLE IN VARIOUS FORMS):

21. Are handlers provided with pesticide's labeling regarding its safe use and disposal? Yes No

22. Is this information kept at a central location available to all handlers? Yes No

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

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

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

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

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

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