BROWNYARD PCOpro®

BROWNYARD® GROUP | Insurance when you know BETTER®

PROGRAM APPLICATION - REQUIREMENTS FOR SUBMISSION

- Pages 1-5 MUST be completed
- Current Loss Information – 5 Years
- Excess – Brownyard Application & Auto Loss Runs
- **Note: All Questions Must Be Answered**
- **Brownyard Application Must Be Signed and 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: _____ Web Site: _____
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? ☐ Yes ☐ No
    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: _____

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:	☐	☐	☐	☐	☐	☐
b. Complete employment application:	☐	☐	☐	☐	☐	☐
c. Obtain a drug screening test:	☐	☐	☐	☐	☐	☐
d. Complete a background check:	☐	☐	☐	☐	☐	☐
e. Test their pest control knowledge:	☐	☐	☐	☐	☐	☐
f. Credit Check	☐	☐	☐	☐	☐	☐
g. Fingerprints	☐	☐	☐	☐	☐	☐
h. Psychological Testing	☐	☐	☐	☐	☐	☐
i. Honesty Testing	☐	☐	☐	☐	☐	☐
j. Personal Interview	☐	☐	☐	☐	☐	☐
k. Physical	☐	☐	☐	☐	☐	☐
l. Prior Employer	☐	☐	☐	☐	☐	☐

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. 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.):

_____

43. 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.
44. List your (3) largest clients: 1: _____
    2: _____
    3: _____
45. 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? _____

46. Do you enter into a standard contract with your clients? ☐ Yes ☐ No If yes, please provide a copy
47. 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
48. 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
49. 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

50. 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					

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

_____

_____

52. 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	

53. 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

1. Where is insured providing bedbug eradication treatments? (i.e., private homes, apartments, hotels, etc.):
   _____
2. Are heat treatments used to eradicate bedbugs? ❑ Yes ❑ No If no, please list methods used for eradication:
   _____
3. Experience of technicians and/or owner as respects to bedbug eradication treatments?
   _____
4. 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

1. Do you provide commodity or silo fumigation? ❑ Yes ❑ No If so, please provide details:
   _____
2. Are signs posted outside of structures during fumigation? ❑ Yes ❑ No
3. How are structures secured to prevent accidental entrance into a structure under fumigation?
   _____

MOSQUITOES

1. Do you provide mosquito spraying for municipalities? ❑ Yes ❑ No
2. 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

1. Type of products being sold:
   _____
2. Are you selling products to the general public or other pest control professionals? _____
3. Are you selling any products under private label? ❑ Yes ❑ No If so, please provide details:
   _____

TERMITES

1. Do you provide termite control work without first performing a visual inspection? ❑ Yes ❑ No
2. Do you treat for Formosan termites? ☐ Yes ☐ No If so, please indicate percentage of termite control work that makes up Formosan termite control: _____%
3. 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: $ *Required if scheduling auto*
				Physical Damage		
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.)*

_____

_____

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. **WAGES**

EMPLOYEE PAYSCALE (Hourly)	MINIMUM	MAXIMUM	AVERAGE
Supervisors			
Technicians			
Clerical			

4. 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
5. Is there a site where handlers who have been exposed can wash pesticides and residues from body? ❑ Yes ❑ No
6. Is there an emergency plan in effect when a handler is injured by pesticides? ❑ Yes ❑ No
7. 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.

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