



## EXTERMINATORS SUPPLEMENT APPLICATION

(Include Acord application)

Applicant's Name: \_\_\_\_\_ Location Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_

Is applicant properly licensed where required by law? Yes No License Number \_\_\_\_\_  
 Number of active owners/officers/partners: \_\_\_\_\_ Number of Employees \_\_\_\_\_  
 Estimated annual: Payroll (excl. owner) \_\_\_\_\_ Receipts \_\_\_\_\_ Subs Costs \_\_\_\_\_  
 Does applicant carry Workers' Compensation coverage? Yes No  
 Does applicant subcontract work to others? Yes No  
 If yes, are certificates of insurance required? Yes No  
 Any blending or mixing of chemicals? Yes No

### List subcontractor trades used with costs and percentage of operations

Trade	Cost	%	Trade	Cost	%

### List percentage of operations under the following

Operation	Sales	%	Operation	Sales	%
Crop Spraying			Spraying around highways		
Fumigation			Spraying around railroads		
Insect extermination			Tenting		
Radon testing			Termite inspection w/out treat.		
Small pest extermination			Termite treatment		

Details:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Producer's Signature

\_\_\_\_\_  
 Date