

PESTICIDE/HERBICIDE APPLICATORS QUESTIONNAIRE
(Complete in Addition to Acord Application)

- 8) *Trees _____
- 9) Ships _____
- 10) Storage tanks _____
- i. Termite control _____
- j. Termite inspection _____
- *k. Tree trimming or removal _____

*(Explanations): _____

8. If you subcontract any work, do you obtain a certificate of insurance from your subs prior to them performing any work on your behalf for:

General Liability: Yes No Limits: _____
Do you obtain a certificate of insurance from your subcontractors showing they provide Workers Comp to their employees before you allow them to enter your jobsite? YES NO

9. Do you use the following?

Casual Labor: Yes No
Leased Employees: Yes No

10. Do you sell any chemicals that are not pre-mixed prior to receipt by you? Yes No

If yes, explain: _____

11. Do you use any chemicals that are not approved for use by federal, state or local laws or regulations?

Yes No

If Yes, explain: _____

12. Do you mix chemicals on the insured premises? Yes No

List the chemicals and solution characteristics (chemicals with a flashpoint under 140 degrees F):

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14. How are flammable and combustible chemicals stored?

- Flammable Chemicals - N/A
 - NFPA 30 fire resistive cabinets: Yes No
 - Separate room? Yes No
 - Above-ground tanks: Yes No N/A
 - Underground tanks: Yes No N/A
 - Separate building - Building # _____
 - Outdoor metal shed - Building # _____
 - Warehouse - Building # _____
 - Other _____

15. List expiring carrier information for the past 3 years:

	Carrier	Limit	Deductible	Premium	Special Exclusions
EXPIRING					
1 st PRIOR					
2 nd PRIOR					

16. Loss History for the past five (5) years:

Policy Year	Aggregate Losses	No. of Claims	Largest Single Loss	Comments

The Applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the company to policy issuance.

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.

Applicant: _____

Producer: _____

Signature: _____

Date: _____

Producer Signature: _____