

Lexington Insurance Company

AN **AIG** COMPANY

PEST CONTROL AND INSPECTOR LIABILITY INSURANCE APPLICATION

NOTICE: THE POLICY PROVIDES THAT THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGEMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE SHALL BE APPLIED AGAINST THE DEDUCTIBLE.

Application Instructions:

1. Please type or complete the application in ink.
2. If additional space is needed, please use your firm's letterhead

To support your submission, please include:

1. Applicant's Letterhead and any agency brochures.
2. Resumes of the Applicant's principals or key personnel
3. A copy of the Applicant's standard contract or agreement

General Applicant Information

1. Name of Applicant: _____
2. Mailing Address: _____
City: _____ County: _____ State: _____ Zip Code: _____
3. Physical Address (if different) _____
City: _____ County: _____ State: _____ Zip Code: _____
4. Contact Name: _____
5. Phone Number: _____ Fax Number: _____ email address _____
6. Applicants Website: _____
7. Does the Applicant practice from additional offices? Yes No
a. If "yes", please advise the address(s) of the additional locations, including all states.
b. Does responsibility for the Applicant's other offices rest with the management at your principal location? Yes No
8. Applicant is: Corporation Partnership Individual LLC Other _____

Applicant's Practice

9. How many years has the Applicant been in business? _____
10. Number of employees (including the owner) _____
11. Is the Applicant currently licensed? Yes No
12. Do you currently hold a valid license to perform the following: Fumigation General Pests Wood Destroying Organisms
13. What is the Applicant's state license number? _____
14. What is the Applicant's annual revenue \$ _____
15. Does the applicant's direct work involve fumigation or tenting? Yes No
16. What percentage of the work is subcontracted? _____ %
17. Do Termite Inspections represent 10% or less of your annual revenues? Yes No
18. Does the Applicant perform dry-rot damage repair or any carpentry work? Yes No
19. What percentage of your listed revenue is from Dry-rot Damage repair / carpentry? _____ %

20. Do your subcontractors carry insurance equal to or greater than your limits? Yes No
21. Do your subcontractors name your firm as an Additional Insured? Yes No
22. Do you currently or plan to, in the future, plan on:
- Aerial or Ground application of crops Yes No
 - Tree Spraying Yes No
 - Utilities Work Yes No
 - Aquatic application of pesticides or herbicides Yes No
 - Any chemical blending Yes No
 - Repackaging chemicals for sale to the public Yes No
23. Are chemical applications performed only by licensed personnel? Yes No
24. Are WDO/I Inspectors performed only by licensed personnel? Yes No
25. Are work orders or checklists consistently used for all jobs? Yes No
26. Are written contracts/instructions/warnings provided to customers prior to beginning work? Yes No
27. Are follow up procedures in place to ensure customer satisfaction? Yes No
28. Where and how are the application chemicals stored?
- Fire Resistive Cabinet or Containers Yes No
 - Separate Room Yes No
 - Outdoor Metal Shed / out building Yes No
 - Public Warehouse Yes No
 - Storage area locked Yes No
 - "No Smoking" signed prominently displayed Yes No
 - Chemicals stored with EPA/OSHA labels readable? Yes No
 - Chemical containers rinsed every time they are used? Yes No n/a
 - Other Yes No
 - Other Description _____
29. How regular are the safety meetings held with employees?
- At initial hire Weekly Monthly Quarterly Annually As Needed
30. Have there been any disciplinary actions taken against you by a state or regulatory authority within the past five (5) years? Yes No
If yes, please describe in detail: _____

Claim History

31. Have there ever been any incidences or occurrences that have resulted in a claim during the past 5 years? Yes No
If yes, please describe: _____

Insurance History

Name of Insurer	Policy Period From: MM/DD/YY To: MM/DD/YY	Limits of Liability	Deductible/ Retention	Premium

REQUESTED COVERAGE

General Liability Limits:

- \$1,000,000/\$2,000,000/\$1,000,000
 - Employment Benefits Liability
 - Employment Related Practices Exclusion
 - Errors & Omissions Extension Endorsement
- Professional Liability Limits:
- Scheduled Equipment (for example: spray rigs, miscellaneous tools)

Scheduled Equipment Deductible:

Item	Value

- Unscheduled Equipment \$ _____
- Unscheduled Equipment Deductible \$ _____

Representations

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURANCE COMPANY WHICH THIS APPLICATION IS SUBMITTED (HEREIN CALLED THE COMPANY) IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE PART HEREOF.

THIS APPLICATION DOES NOT BIND THE APPLICANT TO BUY, OR THE COMPANY TO ISSUE THE INSURANCE, BUT IT AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO AND MADE PART OF THE POLICY. THE UNDERSIGNED APPLICANT DECLARES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE TIME WHEN THE POLICY IS ISSUED, THE APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE.

Fraud Warnings

NOTICE TO 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA 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 AUTHORITIES

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 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 LOUISIANA 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 MAINE 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 MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

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

