

ARTHUR J. GALLAGHER RISK MANAGEMENT SERVICES, INC.
14241 DALLAS PARKWAY, SUITE 300
DALLAS, TX 75254
800-326-6203 Fax 972-663-6052

PESTSURE PEST CONTROL INSURANCE QUESTIONNAIRE

Commercial General Liability

Name of Firm

Mailing Address

City, State & Zip

Street Address (if different)

City, State & Zip

Phone Number (Include Area Code)

Fax Number (Include Area Code)

Please complete supplement to list all entities and locations. (Include any Individuals & DBA's)

_____ Individual _____ Partnership _____ Corporation _____ Other

Name and Title of All Owners, Partners or Officers:

Name of Principal Contact: _____ Years in Business: _____

Pest Control License Number: _____ FEIN# _____

NPMA Member: _____

NJ FEIN# _____

I. Type of Work Performed	Est. Annual Sales	Names of Principal Chemicals Used	State
Weed Control	_____ _____ _____	_____ _____ _____	_____ _____ _____
Lawn & Ornament	_____ _____ _____	_____ _____ _____	_____ _____ _____
Termite Treatments	_____ _____ _____	_____ _____ _____	_____ _____ _____
General Exterminating	_____ _____ _____	_____ _____ _____	_____ _____ _____
Fumigating	_____ _____ _____	_____ _____ _____	_____ _____ _____
Tree Trimming	_____ _____ _____	_____ _____ _____	_____ _____ _____
Landscaping	_____ _____ _____	_____ _____ _____	_____ _____ _____
Health Inspections	_____ _____ _____	_____ _____ _____	_____ _____ _____
Termite Inspections	_____ _____ _____	_____ _____ _____	_____ _____ _____
Other:	_____ _____ _____	_____ _____ _____	_____ _____ _____
Total Number of Technicians	_____		

ADDITIONAL ENTITIES AND LOCATIONS

NAME OF ENTITY (EXACT LEGAL NAME) AND DESCRIPTION OF OPERATIONS

LOCATIONS (INDICATE IF OWNED OR LEASED)

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II. Please answer the following questions:

	YES	NO		YES	NO
First-Aid Kit Kept On Premises	()	()	Exhibitions or Exhibits	()	()
Sponsored Sports or Social Events	()	()	Mobile Equipment Other than Trucks	()	()
Advertising Signs away from Premises	()	()	Recreational Facilities	()	()
Rental of Equipment to Others	()	()	Chemical Waste Disposal	()	()
Excavation with Mechanical Equipment	()	()	Watercraft	()	()
Installation, Servicing, or Repair at Premises of Others	()	()	Aircraft	()	()
Use Sentricon	()	()	Blasting	()	()

III. Percentage of Customers Served: _____ Commercial
 _____ Residential _____ Food Processors _____ Other

IV. Do you (a) manufacture, or (b) re-label any Product? Yes () No ()
 If Yes, Estimated Annual Sales _____
 Types of Chemicals _____
 Do you advertise in periodical or pamphlets? Yes () No ()
 If Yes, include copies of articles.
 Do you provide termite inspection on a fee basis? Yes () No ()
 Do you give written warranty? Yes () No ()
 If Yes, include sample of inspection warranty.
 Do you sell products (retail or wholesale)? Yes () No ()
 If Yes, describe and give receipts:

V. Is carpentry work performed in association with any termite work? Yes () No ()
 If Yes, and such work is subcontracted, do you secure certificates of insurance? Yes () No ()
 Are any other operations subcontracted? Yes () No ()
 If Yes, Type of work sublet _____

Estimated Annual Sales

VI. Are you in any other business in addition to Pest Control? Yes () No ()

If Yes, describe: _____

Is this business insured separately?

If yes, give name of Insured as shown on the policy and company writing coverage:

VII. Do you now have any written contractual agreements with your customers we would need to be aware of for insurance purposes (hold harmless)? Yes () No ()

What is your policy for reviewing hold harmless/indemnification's?

VIII. Do you have any Underground Work other than Termite Work? Yes () No ()

Do you do any work or two stories high Yes () No ()

If Yes describe: _____

VIII. Is warning given to customers prior to treatment of their premises? (e.g., toxic nature of chemicals, allergic reactions, etc.) Yes () No () Oral () Written ()

X. Current Insurance:

Name of Company: _____

Policy Number: _____

Expiration Date: _____

Has your insurance been canceled or declined in the last three years? Yes () No ()

List all losses for the past five years. If available, submit current copy of loss runs:

TYPE OF LOSS	NO. OF CLAIMS	EST. DOLLAR OF LOSS

XI. Please attach copy of current policy listed above.

Signature & Title Date

THIS APPLICATION IS FOR THE PURPOSE OF GATHERING INFORMATION. IT DOES NOT BIND COVERAGE. ALL INFORMATION WILL BE HELD IN STRICT CONFIDENCE BY ARTHUR J. GALLAGHER RISK MANAGEMENT SERVICES, INC. AND THE INSURANCE COMPANY.