

# Claim Relief!

PestSure's dedicated claims team works to help mitigate and cover risk.

## Optional coverage lines

- Umbrella
- Bonds
- Property including inland marine
- Crime and fiduciary
- Employment practices liability
- Directors and officers
- ERISA coverage
- Cyber liability



## Workers' Compensation

Company Name

Mailing Address

City, State

Zip code

Street Address (if different)

City, State

Zip code

Phone Number (Include Area Code)

Fax Number (Include Area Code)

E-Mail Address

Company Website

Partnership

Corporation

Other

Name and Title of All Owners, Partners or Officers:

---

---

---

---

---

---

---

Name of Principal Contact

Years in Business

Pest Control License Number

FEIN #

Are you a NPMA Member? Yes

No

Alliant Insurance Services, Inc.  
16000 N. Dallas Pkwy, Suite 850  
Dallas, TX 75248  
Phone 888-984-3813

Additional named insureds and locations

Named insureds (exact legal name of entity) and description of operations

FEIN # (if not listed on page 1)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Locations	City, State	ZIP	Indicate owned or leased	# Clerical/ inside sales EE's per location	Total # EE'S per location
_____	_____	_____	0	L	_____
_____	_____	_____	0	L	_____
_____	_____	_____	0	L	_____
_____	_____	_____	0	L	_____
_____	_____	_____	0	L	_____
_____	_____	_____	0	L	_____
_____	_____	_____	0	L	_____
_____	_____	_____	0	L	_____
_____	_____	_____	0	L	_____
_____	_____	_____	0	L	_____
_____	_____	_____	0	L	_____
_____	_____	_____	0	L	_____
_____	_____	_____	0	L	_____
_____	_____	_____	0	L	_____
_____	_____	_____	0	L	_____
_____	_____	_____	0	L	_____
_____	_____	_____	0	L	_____



1. Classifications:

Please list estimated payrolls by state and class code. Include any "if any" states, even if you do not have a physical location in that state but conduct work there. **Employees who work under more than ONE classification must be allocated 100% under the highest rated classification.**

Estimated Payrolls

State: _____	Estimated Payroll	# of Emp.
_____ Exterminators	_____	_____
_____ Clerical	_____	_____
_____ Salesmen	_____	_____
_____ Executive Officers	_____	_____
_____ Other (Please list)	_____	_____
_____	_____	_____
_____	_____	_____

State: _____	Estimated Payroll	# of Emp.
_____ Exterminators	_____	_____
_____ Clerical	_____	_____
_____ Salesmen	_____	_____
_____ Executive Officers	_____	_____
_____ Other (Please list)	_____	_____
_____	_____	_____
_____	_____	_____

State: _____	Estimated Payroll	# of Emp.
_____ Exterminators	_____	_____
_____ Clerical	_____	_____
_____ Salesmen	_____	_____
_____ Executive Officers	_____	_____
_____ Other (Please list)	_____	_____
_____	_____	_____
_____	_____	_____

Please attach additional pages if needed.

2. Current experience modifier factor issued by the state: \_\_\_\_\_  
Please attach a copy of the worksheet.

3. Do employment applications request information regarding existing physical or mental impairments? Yes No

Are there any employees with existing physical or mental impairments? Yes No

4. Is pre-employment drug testing required? Yes No

5. Do you conduct random drug testing? Yes No

6. Describe type of training program used with new employees.

7. What first aid materials are kept in trucks?

8. Personal protective equipment required:

Respirators          Goggles          Gloves          Overalls          Hard-hats

Other:

9. Maritime: Any work on water MUST be reported to include Maritime or FELA coverage.  
If this coverage is needed, please list any operations of this nature and body of water below:

---

---

---

---

10. USL&H: PestSure WC policy will include this coverage for any states that payroll is reported.  
Please list below any states not currently operating but may have exposure during the policy year:

11. Do you have operations in monopolistic states of Ohio, Washington, North Dakota, or Wyoming? Yes  No   
If yes, which state and does your company have a separate policy to cover that state?

12. Is coverage desired for Owner, Partners, or Executive Officers? Yes  No

If Yes, please list below:

Name	D.O.B.	Title	Own%	Remuneration	Inc/Exc
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

13. Current Insurance:

Name of Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Policy Effective Dates: \_\_\_\_\_

14. Please attach a copy of current policy listed above.

15. Please attach a copy of your current loss runs, dating back five years.

Signature & Title

Date



Please Note: Coverage cannot be bound, canceled or altered via email without verification from a licensed representative of Arthur J. Gallagher & Co.

I would like to emphasize that the discussion set forth above is only an insurance/risk management perspective and is NOT legal advice. We do not provide legal advice and I highly recommend that you seek the advice of legal counsel in order to become fully apprised of the legal implications related to these issues.

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.