

Stronger Together!

One step away from connecting with PMP industry leaders.

Optional coverage lines

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



Commercial General Liability

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

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 #

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	
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			0	L	
			0	L	

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1. Estimated Revenue/Sales

Type of Work Performed	State	Names of Principal Chemicals Used	Estimated Annual Sales
General Exterminating			
Lawn & Ornament			
Termite Pre-Construction Treatments			
Termite Post-Construction Liquid Chemical Treatments			
Termite-Bait Treatments (Sentricon)			
Fumigation			
Wood Destroying Insect Inspections			
Other			

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Total Number of Technicians:

Annual Employee Turnover Percentage:

2. Please answer the following questions:

First-Aid Kit Kept On Premises	Yes	No	Use Drones	Yes	No
Sponsored Sports or Social Events	Yes	No	Exhibitions or Exhibits	Yes	No
Advertising Signs away from Premises	Yes	No	Mobile Equipment	Yes	No
Rental of Equipment to Others	Yes	No	Recreational Facilities	Yes	No
Excavation with Mechanical Equipment	Yes	No	Chemical Waste Disposal	Yes	No
Installation, Servicing, or Repair at Premises of Others	Yes	No	Watercraft	Yes	No
			Aircraft	Yes	No
			Blasting	Yes	No

If you answered yes to any of the above questions, please describe in detail:

3. Percentage of Customers Served:

Commercial _____ Residential _____ Food Processors _____ Other _____

4. Do you manufacture or re-label any Product?

Yes No

If Yes, provide estimated annual sales:

Types of chemicals used:

5. Do you sell products (retail or wholesale)?

Yes No

If Yes, describe and give receipts:

6. Do you provide termite inspection on a fee basis?

Yes No

Do you give a written warranty?

Yes No

If Yes, include sample of inspection warranty.

7. Is carpentry work performed in association with any termite work?

Yes No

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8. Are any other operations subcontracted? Yes No

If Yes,

Estimated Annual Sales

Types of Chemicals

For any subcontracted work, do you secure certificates of insurance?

Yes

No

What limits do you require?

9. Are you in any other business in addition to Pest Control? Yes No

If Yes, describe:

Is this business insured separately?

Yes

No

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

10. Do you do any construction or repair operations? Yes No

If Yes, describe:

11. Do you provide pest control of bulk food processing/storage or agricultural facilities? Yes No

If Yes, describe:

12. Describe any ancillary or unassociated operations:

13. 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/indemnifications?

14. Do you have any underground work other than termite work? Yes No

15. Do you do any work over two stories high? Yes No

If Yes, describe:

16. Do you purchase glyphosate based products for your employees to apply at customer locations? Y/N

Yes No

a. If yes, describe the use and include the number of employees who apply.

b. List the quantity and Brand name of chemical purchased Annually.

c. List the personal protective equipment provided and utilized by these affected employees.

17. Current Insurance:

Name of Insurance Company: _____

Policy Number: _____ Policy Effective Dates: _____

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

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

19. 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 Alliant Insurance Services

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 ALLIANT INSURANCE SERVICES, INC. AND THE INSURANCE COMPANY.