

PESTSURE PEST CONTROL INSURANCE QUESTIONNAIRE

Commercial Automobile Insurance

\_\_\_\_\_  
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# \_\_\_\_\_

1 Please attach schedule of all vehicles to be quoted for this coverage on the form provided or your own schedule. Please indicate coverage coverages desired for each vehicle i.e. Liability, Comprehensive, Specified Perils or Collision. Cost new is needed for physical damage. Finally please include city, state for each vehicle if multiple locations.

2 Loss Payee listing referencing the vehicles they apply to.

3 Describe vehicle maintenance program:

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4 Do you have an accident prevention or safety program? Yes ( ) No ( )

If Yes, please describe and person managing \_\_\_\_\_

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5 Describe steps employed in hiring drivers (MVR's, Training):

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6 Where are vehicles kept at night?

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7 Are chemicals kept locked when vehicles are not in use? Yes ( ) No ( )

8 Operator information. (Please attach list of all drivers of company vehicles - full name, social security number, date of birth, driver's license number date of hire and state issued). (Authorization form must be signed by each employee if another form is used please provide copy for our files).

Does your company order Driver's License Checks (MVR's)? Yes ( ) No ( )

Internally Yes ( ) No ( ) Vendor Used: \_\_\_\_\_

- 9 Please give explanation of all "Yes" responses: Yes ( ) No ( )
- With the exception of encumbrances, are any vehicles not solely owned by and registered to the named insured? Yes ( ) No ( )
- Are any vehicles leased to or from others? Yes ( ) No ( )
- Are any vehicles customized, altered or have special equipment? Yes ( ) No ( )
- Are ICC, PUC, MCS90 or other filings required? Yes ( ) No ( )
- Do operations involve transporting hazardous materials? Yes ( ) No ( )
- Are any vehicles owned by not scheduled on this application? Yes ( ) No ( )
- Are any vehicles equipped with mobile phones, two way radios? Yes ( ) No ( )

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

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11 State company policy with respect to personal use of company vehicles?

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12 Driver Other Car Coverage: List your employees that use your company vehicles for personal as well as business use. Do they have a personal policy?

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13 Name of Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

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

14 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
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Please attach copy of current policy listed above.

**NOTICE:** Vehicle/Fleet insurance does not cover your equipment. If you have equipment to be insured, it must be listed separately with description, serial numbers, and value of each item for separate policy quote.

**NOTICE:** Vehicle/Fleet insurance does not cover utility trailers for physical damage unless listed separately with description, serial number and value of each trailer. Liability will come from the vehicle pulling the trailer.

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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 LOCKTON OF DALLAS AND THE INSURANCE COMPANY.