

PESTSURE PEST CONTROL INSURANCE QUESTIONNAIRE

Workers' Compensation

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

Each State Unemployment ID # \_\_\_\_\_

NPMA Member: \_\_\_\_\_ NJ FEIN# \_\_\_\_\_

- I. Classifications:  
Please use the attached worksheet to list estimated payrolls by class by state. Please include any "if any" states even if you only work there with no physical location. If any employee works under more than one classification, they must be allocated 100% under the highest rated classification.
- II. Please answer the following questions and explain any Yes answers:
- |  |         |        |
|--|---------|--------|
| Has company's insurance been canceled or declined in the past three years?                         | Yes ( ) | No ( ) |
| Has coverage been written through an assigned risk plan or state fund program?                     | Yes ( ) | No ( ) |
| Does company own, lease, or operate any aircraft/watercraft?                                       | Yes ( ) | No ( ) |
| Do employees go aboard vessels or on wharves?  | Yes ( ) | No ( ) |
| Does company furnish transportation for employees?   | Yes ( ) | No ( ) |
| Does company sponsor any athletic teams?   | Yes ( ) | No ( ) |
| Any operations involving work below surface of the ground other than termite?                      | Yes ( ) | No ( ) |
| Are there any employees below age of 18 or above 65?   | Yes ( ) | No ( ) |
| Does company hire subcontractors?  | Yes ( ) | No ( ) |
| If using subcontractors is certificates of insurance obtain evidencing workers' compensation?      | Yes ( ) | No ( ) |
| Is any part-time or seasonal help employed?  | Yes ( ) | No ( ) |
| Are pre-employment applications required?  | Yes ( ) | No ( ) |
| Are pre-employment physicals required?   | Yes ( ) | No ( ) |
| Does employment applications request information regarding existing physical or mental impairment? | Yes ( ) | No ( ) |
| Are there any employees with existing physical or mental impairments?                              | Yes ( ) | No ( ) |
| Are pre-employment drug testing required?  | Yes ( ) | No ( ) |
| Do you conduct random drug testing?  | Yes ( ) | No ( ) |

III. Describe type of training program used with new employees?

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IV. What first aid materials are kept in trucks?

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V. Personal protective equipment required:      Respirators \_\_\_\_\_ Goggles \_\_\_\_\_  
Gloves \_\_\_\_\_ Overalls \_\_\_\_\_ Hard-hats \_\_\_\_\_  
Other: \_\_\_\_\_

VI. Is coverage desired for Owner, Partners, or Executive Officers?      Yes ( )      No ( )

If so, list below:

NAME	DATE OF BIRTH	TITLE	OWNERSHIP%	REMUNERATION
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VII. 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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VIII. Do you have operation in monopolistic states of Ohio, Washington, Nevada, North Dakota, West Virginia or Wyoming?

If yes which state and does your company have a separate policy to cover that state?

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XI. Please attach copy of current policy listed above.

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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 ARTHUR J. GALLAGHER RISK MANAGEMENT SERVICES, INC. AND THE INSURANCE COMPANY.

## ESTIMATED PAYROLLS

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

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

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

Please photocopy if additional pages are needed.

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