

McCormick Insurance Agency

Fax: (702) 220-4740 Voice: (702) 220-8640

Exterminators General Liability Application

Applicant's Name _____
 Mailing Address _____

Agent Name _____
 Address _____

PROPOSED EFFECTIVE DATE:

From _____ To _____
 12:01 A.M., Standard Time at the address of the Applicant

Applicant is: Individual Corporation Partnership Joint Venture
 Limited Liability Company Other (Specify): _____

LIMITS OF LIABILITY REQUESTED

General Aggregate		\$
Products & Completed Operations Aggregate		\$
Personal & Advertising Injury		\$
Each Occurrence		\$
Fire Damage (any one fire)		\$
Medical Expense (any one person)		\$
Lost Key Coverage	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$25,000
Property Damage Extension (CCC)	Occurrence	\$
	Aggregate	\$
Wood Destroying Organism Inspection	Occurrence	<input type="checkbox"/> \$25,000 or <input type="checkbox"/> \$50,000
	Aggregate	\$100,000
Other		
Deductible (\$500 minimum)		\$

LOCATION OF OPERATIONS

Street & City	State	License Number
1. <input type="checkbox"/> same as mailing address		
2.		
3.		

- How long has applicant been in business? _____ years Full-time Part-time
- Does applicant exterminate other than insects or small household pests? Yes No
 If yes, please explain _____
- Does applicant subcontract work? Yes No
 If yes: Annual subcontract cost: \$ _____
 Type of work subcontracted: _____
 Are Certificates of Insurance obtained? Yes No

DESCRIPTION OF OPERATIONS

Operation	Sales	Percentage of Operation
Termite Inspections without Treatment (do not include sales for renewal inspections where a previous treatment by you has been done)	\$	%
Termite Treatment and Renewal Inspections	\$	%
Carpentry (Payroll: \$)	\$	%
Exterminating—Residential	\$	%
Commercial	\$	%
Fumigation—Residential	\$	%
Commercial	\$	%
Crop Dusting or Spraying	\$	%
Tenting	\$	%
Other—Please Describe	\$	%
Total Sales	\$	100%

EMPLOYEE DATA

Category	Number
Owner(s) only	
Exterminators:	
Full-time	
Part-time	
Leased	
Total	

During the past three years has any company ever canceled, declined or refused to issue similar insurance to the applicant? (Not applicable in Missouri.)

Yes No

If yes, please explain: _____

PRIOR INSURANCE HISTORY See loss run attached

Year	Company	Policy No.	Premium	Paid Losses	Reserved Losses	Loss Description

ADDITIONAL INSURED INFORMATION

Name	Address

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

APPLICABLE IN THE STATE OF NEW YORK:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

FRAUD WARNING:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

APPLICANT'S SIGNATURE _____ DATE _____

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT _____

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE