|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Agency Name | WinStar Insurance Group | | |
| Contact Name | Eric Jensen | Phone | 512-966-5552 |
| Email Address | ejensen@winstarins.com | | |
|
|

Pest Control & Fumigation

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Business Name** |  | | | | | | | | | | **Effective Date:** | | | | | |  | | |
| **Mailing Address** |  | | | | | | | | | | | | | | | | | | |
| **City** |  | | | | **State** | |  | | | | | | **Zip Code** | | | | |  | |
| **Contact Name** |  | | | | | | | | | | | | **Phone** | | | | |  | |
| **Email Address** |  | | | | | | | | | | | | **Website** | | | | |  | |
|  |  |  | |  | |  |  | |  |  | |  | | | |  | | |  |
| **B****usiness Type** |  | **Corporation** | |  | | **LLC** |  | | **Partnership** |  | | **Individual** | | | |  | | | **Other** |
| If other, please explain: | | |  | | | | | **FEIN:** | | | | | |  | | | | | |
| **Year Business Established** | | |  | | | | **Years of Experience** | | | | | | | |  | | | | |

**Premises Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Loc | Street Address | City | State | Zip |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**General Information**

|  |  |
| --- | --- |
| Is the applicant a subsidiary of another entity? |  |
| Does the applicant have any other subsidiaries? |  |
| Does the applicant have any other business ventures for which coverage is not being requested? |  |
| Is this a franchise operation? |  |
| During the last 5 years has any applicant been indicted for or convicted of any degree of the crime of fraud, bribery or arson? |  |
| Any foreign operations or foreign products sold and/or distributed in the USA? |  |
| Any exposure to flammables, explosives, chemicals? |  |
| Any policy or coverage declined, cancelled or non-renewed in the last 3 years? |  |
| Any uncorrected fire and/or safety codes violations? |  |
| Has the applicant had a foreclosure, repossession bankruptcy or filed for bankruptcy during the last 5 years? |  |
| Has the applicant had a judgement or lien during the last 5 years? |  |
| Does the insured carry work comp, employers liability or non-subscriber coverage? |  |

Liability Section

|  |  |  |  |
| --- | --- | --- | --- |
| **General Liability** | | | |
| General Aggregate |  | Professional Liability |  |
| Products & Completed Operation |  | Abuse/Molestation |  |
| Personal & Advertising Injury |  | Assault & Battery |  |
| Each Occurrence |  |  | |
| Damage to Premises |  |  | |
| Medical Payments |  | Deductible: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Automobile Liability** | | | |
| Combined Single Limits |  | Hired & Non-Owned Auto |  |
| Personal Injury Protection |  | Physical Damage |  |
| Medical Payments |  | Comprehensive Deductible |  |
| Uninsured/Underinsured |  | Collision Deductible |  |

*If electing automobile coverage please complete the scheduled auto section.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Excess/Umbrella Liability**  (only available if underlying General Liability is written) | | | | |
| General Aggregate |  | Deductible: |  | |
| Each Occurrence |  |  | | |
|  |  |  | | |
| Underlying Coverages Included: | Automobile Liability | Employers Liability | | |
| Do all underlying carriers have a A.M. Best rating of “A” or higher? | | | |  |
| Do all underlying policies have a minimum limit of $1,000,000 or greater? | | | |  |
|  |  |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Additional Insured(s)** | | | | |
| **Entity Name** | **Street Address** | **City** | **State** | **Zip** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Exposures** | | | | | | | | | |
| **Gross Sales** | |  | | **Annual Payroll** |  | | | | |
| **Insured Sub. Costs** | |  | | **Uninsured Sub. Costs** |  | | | | |
| **% Residential** | |  | | **% Commercial** |  | | | | |
|  | |  | |  |  | | | | |
| **Percentage of work that is:** | | | | | | | | | |
| Aerial Application | |  | | Property Inspections |  | | | | |
| Carpentry | |  | | Rodent Removal (large) |  | | | | |
| Fogging | |  | | Rodent Removal (small) |  | | | | |
| Fumigation | |  | | Structural Pest Control |  | | | | |
| Janitorial Services | |  | | Tree Care Services |  | | | | |
| Lawn Spray/Treatment | |  | | Other, please explain |  | | | | |
|  | |  | |  |  | | | | |
| Are the operations managed from a personal residence? | | | | | | | |  | |
| Is the insured a member of Copesan or other industry networking organization? | | | | | | | |  | |
| Member of the National Pest Management Association (NPMA)? | | | | | | | |  | |
| If so, does insured actively participate in training and classes available through the Association? | | | | | | | |  | |
| Has the insured had a license suspension or revocation during the past five (5) years? | | | | | | | |  | |
| Are all employees checked for criminal backgrounds dating back 10 or more years and verified before hire? | | | | | | | |  | |
| Are drug tests performed prior to and/or randomly throughout employment? | | | | | | | |  | |
| Have any of the insured’s employees ever been accused of stealing a client’s personal property? | | | | | | | |  | |
| Does the insured have a contractor agreement requiring all sub-contractors to name them as an additional insured with limits equal to or greater than the insureds? | | | | | | | |  | |
| If yes, are certificates collected prior to commencing work and kept on file? | | | | | | | |  | |
| Does the insured offer any pre-sell homes or property inspection services? | | | | | | | |  | |
| Does the insured offer nighttime or emergency response? | | | | | | | |  | |
| If yes, please explain. | |  | | | | |  | | |
| Does the insured offer any “customized” products or services? | | | | | | | |  | |
| If yes, please explain |  | | | | |  | | | |
| Does the insured offer any “restricted use” products or services? | | | | | | | |  | |
| If yes, how is it communicated to customers | | |  | | |  | | | |
| Does the insured have a privacy policy regarding protection of confidential client information. | | | | | | | | |  |
| If so, how is it stored? | |  | | | | | | |  |
| Does the insured offer customers a satisfaction guarantee? | | | | | | | | |  |
| Are complete records kept of all services performed, including types and quantities of chemicals used? | | | | | | | | |  |
| Does the insured’s disposal practices of empty chemical containers comply with National Pest Management Association guidelines? | | | | | | | | |  |
| Are empty chemical containers hauled away by a third party contract? | | | | | | | | |  |
| If not, does the insured take the containers to the appropriate area at a local dump facility? | | | | | | | | |  |
| Is the insured in compliance with all applicable local, state and federal regulations concerning hazardous waste disposal? | | | | | | | | |  |
| Has the insured ever been found in violation of local ordinances concerning wastewater or chemical container disposal practices? | | | | | | | | |  |
| Does the insured have any aboveground or underground storage tanks used for holding fuel or chemicals? | | | | | | | | |  |
| Is access to the chemical storage area restricted? | | | | | | | | |  |
| If yes, explain how | |  | | | | |  | | |
| Are storage areas routinely checked for pesticides that have exceeded their expiration date? | | | | | | | | |  |
| Do chemical storage areas have a ventilation system that is separate from the one used throughout the rest of the building? | | | | | | | | |  |
| If the insured handles fumigation work, do they have a formal practice regarding providing safety instructions to their customers? | | | | | | | | |  |
| Do technicians and assistants receive training in how to deal with aggressive or dangerous pests, such as snakes, bats, or rabid rodents? | | | | | | | | |  |
| Does the insured practice integrated pest management (IPM)? | | | | | | | | |  |
| Scheduled Auto Section  **Vehicle Schedule**   |  |  |  |  | | --- | --- | --- | --- | | **Year** | **Make** | **Model** | **Vin** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |   **Driver Schedule**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **First Name** | **Last Name** | **Date of Birth** | **Drivers License** | **State** | **Date of Hire** | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | | Does the insured require that all services calls are completed daily vs. reschedule? | |  | | | If yes, please explain |  | | | | Are all vehicles equipped with dry chemical fire extinguishers, first aid equipment and appropriate materials for cleaning up chemical spills? | |  | | | Does insured comply with all regulations regarding transporting hazardous materials, vehicles appropriately labeled for such and drivers have in cab emergency numbers in the event of a spill? | |  | | | Does the insured offer driver safety training? | |  | | | Is there any two-way communication devices used in the vehicles? | |  | | | If so, please describe equipment | | | | | Are all electronics and communication devices hands free? | |  | | | Does the insured provide training on the procedures and use of such electronics? | |  | | | Do you pull Motor Vehicles Records prior to permitting driving responsibilities? | |  | | | Are drivers permitted to take a company vehicle home at night? | |  |  | | | Is personal use of company vehicles permitted? | |  |  | | | If yes, please describe the insured’s policy on personal use of company vehicles: | | | | |   Property Section | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Loc.** | **Street Address** | | | | **City** | | | **State** | **Zip** | **PC** |
|  |  | | | |  | | |  |  |  |
| **Building Information** | | | | **Year of Updates** | | | | **Protection** | | |
| Year Built | |  | | Wiring | |  | | Theft Alarm |  | |
| Construction | |  | | Plumbing | |  | | Sec. Cameras |  | |
| Area | |  | | Heating | |  | | Fire Alarm |  | |
| Stories | |  | | Roof | |  | | Sprinklered |  | |
| Distance to Fire Station | | | |  | | Distance to Fire Hydrant | | |  | |
| **Limits of Coverage** | | | | | | | | | | |
| **Coverage** | | | **Limits** | | **Deductible** | | **Form** | | **Cause of Loss** | |
| Building | | |  | |  | |  | |  | |
| Bus. Pers. Prop. | | |  | |  | |  | |  | |
| Business Income | | |  | |  | |  | |  | |
| Signs | | |  | |  | |  | |  | |
| Inland Marine\* | | |  | |  | |  | |  | |
| Property Enhancement | | | Include | | Not Elected | |  | | | |
|  | | | | | | | | | | |

***If electing Inland Marine please provide a schedule for items over $1,000 in value***

|  |  |
| --- | --- |
| Is the premises protected by a Central Station Burglar Alarm? |  |
| Is the insured’s chemical storage area of fire-resistant construction with a self-closing fire door? |  |
| Has the local fire department been provided a list of combustible or flammable chemicals stored onsite? |  |
| Are periodic fire emergency drills conducted? |  |
| Does the insured have appropriate extinguishers for chemical fires? |  |

Inland Marine Schedule

|  |  |  |  |
| --- | --- | --- | --- |
| **Make** | **Model** | **Serial Number** | **Value** |
|  |  |  |  |
|  |  |  |  |
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Insurance History Section

**Prior Insurance Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Prior Carrier** | **Policy Term** | **Policy Number** | **Policy Premium** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Currently valued loss runs are a submission requirement. If there have been any losses, adequate information must be included to explain actions taken to preclude a similar loss(es). Quotes will be conditioned on this requirement, and no coverage is to be bound without this information. | | | |

**Loss History**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Click here if no prior claims | | | |
| **Date of Loss** | **Description of Claim** | **Amount Paid** | | **Claim Status** | | | |
|  |  |  | |  | Open |  | Closed |
|  |  |  | |  | Open |  | Closed |
|  |  |  | |  | Open |  | Closed |
|  |  |  | |  | Open |  | Closed |

|  |  |  |
| --- | --- | --- |
| PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES  WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN  WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.  Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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 MAY subject that person to criminal and civil penaltieS AND MAY FURTHERMORE LEAD TO VOIDING OF THE INSURANCE POLICY. | | |
| **(Applicants Initals)** | |  |
| THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE | | |
| **Producer’s Signature** | **Producers Name (please print)** | **Date** |
|  |  |  |
| **Applicant’s Signature** | **Applicants Name (please print)** | **Date** |
|  |  |  |