



PEST CONTROL OPERATIONS QUESTIONNAIRE

1) Proposed Effective Date

2) Proposed Expiration Date

3) Today's Date:

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4) NAME OF APPLICANT AND /OR CORPORATE NAME (Use separate sheet if more space is needed):

5) MAILING ADDRESS:

CITY
STATE: ZIP CODE:

5a) PHYSICAL ADDRESS: COMPLETE ADDRESS IF DIFFERENT FROM MAILING ADDRESS

CITY
STATE: ZIP CODE:
County:

6) E-Mail ADDRESS:

7a) CONTACT FOR INFORMATION AND FINAL AUDIT ADJUSTMENT:

7 b) ALTERNATE CONTACT:

8) TELEPHONE: 	9) FAX: 	10) ALTERNATE PHONE:
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11) TYPE OF BUSINESS ENTITY: SOLE PROPRIETOR PARTNERSHIP CORPORATION OTHER FEDERAL ID #-

12) PEST CONTROL EXPERIENCE: YEARS WORKING FOR OTHERS YEARS AS OWNER

13) INVOLVED IN BUSINESS FULL TIME YES NO OVER THIRTY HOURS / WEEK? YES NO Social Security #-

14) DESCRIPTION OF OPERATIONS:

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15) MEMBER OF ANY ASSOCIATIONS YES NO WHICH ONES? PLEASE LIST BELOW

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16) TOTAL GROSS SALES: TOTAL PAYROLL: 17) REQUESTED LIMIT OF LIABILITY

18) OPERATIONS	<input type="checkbox"/> % Residential	<input type="checkbox"/> % Agricultural	<input type="checkbox"/> % Pretreats:
	<input type="checkbox"/> % Lawn and Garden	<input type="checkbox"/> % Municipalities	<input type="checkbox"/> % Commodity Fumigation
	<input type="checkbox"/> % Fumigation Residential	<input type="checkbox"/> % Comm'l Non Food	<input type="checkbox"/> % Agricultural Fumigation:
	<input type="checkbox"/> % Fumigation Commercial	<input type="checkbox"/> % Food Related	<input type="checkbox"/> % Other Operations (Radon, Water and Septic Testing etc.)

19) OPERATING LOCATIONS (IF DIFFERENT FROM MAILING ADDRESS)

	MAIN LOCATION	LOCATION 2	LOCATION 3
ADDRESS:			
STATE:			
	<input type="checkbox"/> OWN <input type="checkbox"/> LEASE	<input type="checkbox"/> OWN <input type="checkbox"/> LEASE	<input type="checkbox"/> OWN <input type="checkbox"/> LEASE

PEST CONTROL LICENSE #-

20) ESTIMATED SALES BY CATEGORY AND STATE:

General Pest Control (insect and Rodent):			
Termite Control:			
WDO / WDI Inspection:			
Fumigation:			
Lawn Care Sales:			
Lawn Care Payroll:			
Product Sales:			
Pretreats:			
Carpentry:			
Other Income (explain):			
State Total:			

21) EMPLOYEE HIRING SECTION:

WHEN HIRING PERIODICALLY

HOW OFTEN

AMS #

CHECK YES RESPONSES

Annually

Two Years

Five Years

Never Again

- A) OBTAIN A MOTOR VEHICLE REPORT:
- B) COMPLETE EMPLOYMENT APPLICATION:
- C) OBTAIN AN UP-TO- DATE PHYSICAL:
- D) OBTAIN A DRUG SCREENING TEST:
- E) COMPLETE A BACKGROUND CHECK:
- F) TEST THEIR PEST CONTROL KNOWLEDGE:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22) CUSTOMER INFORMATION:

A) BEFORE PROVIDING SERVICES TO A NEW CUSTOMER, DO YOU OBTAIN A PROFILE OF THE CUSTOMER IN TERMS OF POTENTIAL MEDICAL PROBLEMS AS IT RELATES TO PEST CONTROL?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

B) ALONG WITH MSDS SHEETS, DOES THE TECHNICIAN PROVIDE ANY WRITTEN OR VERBAL COMMUNICATION OUTLINING HAZARDS AND PRECAUTIONS TO BE TAKEN BY THE CUSTOMER? POTENTIAL MEDICAL PROBLEMS AS IT RELATES TO PEST CONTROL?

<input type="checkbox"/>	<input type="checkbox"/>
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C) DO YOU HAVE A RESPONSE PROCEDURE FOR CUSTOMER COMPLAINTS?

<input type="checkbox"/>	<input type="checkbox"/>
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23) RECORD KEEPING:

A) DO YOU HAVE PREPRINTED RECORD KEEPING FORMS THAT ALLOW THE TECHNICIAN TO CHECK OFF APPROPRIATE BOXES, THEREBY AVOIDING HANDWRITING ERRORS AND MISTAKES ON CHEMICAL CONCENTRATIONS?

<input type="checkbox"/>	<input type="checkbox"/>
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B) ARE SPECIFIC RECORDS KEPT FOR EACH TECHNICIANS: TRAINING? CONTINUING EDUCATION INVENTORY USE?

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

C) ARE MSDS KEPT ON FILE WITH AN ORGANIZED PROGRAM FOR UPDATES?

<input type="checkbox"/>	<input type="checkbox"/>
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D) ARE CUSTOMER RECORDS MAINTAINED CONCERNING:

- PAST AND CURRENT CONTRACTS
- ACCIDENTS AND / OR COMPLAINTS
- AMOUNT OF PESTICIDE USED PER JOB SITE

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

24) SAFETY PROGRAM (IF YES PROVIDE COPIES OF WRITTEN MATERIALS)

A) IS THERE A WRITTEN COMPANY SAFETY PLAN IN PLACE?

<input type="checkbox"/>	<input type="checkbox"/>
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1) IF YES, IS A COPY AVAILABLE ON OUR REQUEST?

<input type="checkbox"/>	<input type="checkbox"/>
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2) IF NO, IS THERE ANY COMMUNICATION ON SAFETY ISSUES? (DESCRIBE BELOW)

<input type="checkbox"/>	<input type="checkbox"/>
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IF YES PROVIDE DETAILS:

B) ARE "SPOT CHECKS " CONDUCTED TO VERIFY COMPANY POLICY IS BEING FOLLOWED?

<input type="checkbox"/>	<input type="checkbox"/>
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C) DO YOU PROVIDE FORMAL EMPLOYEE SAFETY TRAINING?

<input type="checkbox"/>	<input type="checkbox"/>
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D) IS PROPER TRAINING PROVIDED ON ALL SAFETY EQUIPMENT?

<input type="checkbox"/>	<input type="checkbox"/>
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E) DO EMPLOYEES WEAR KNEE PADS, HEAD GEAR, PROPER SHOES, EAR PLUGS AND SIMILAR PROTECTIVE WEAR?

<input type="checkbox"/>	<input type="checkbox"/>
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F) DO EMPLOYEES ATTEND FORMAL SAFETY MEETINGS?

<input type="checkbox"/>	<input type="checkbox"/>
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ARE THEY DOCUMENTED?

<input type="checkbox"/>	<input type="checkbox"/>
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25) PESTICIDE USE

A) NUMBER OF LICENSED TECHNICIANS: _____ B) NUMBER OF NON-LICENSED TECHNICIANS: _____

C) ARE PROCEDURES WRITTEN DETAILING CONTROL TECHNIQUES FOR EACH PEST FOR DIFFERENT ENVIRONMENTS?

<input type="checkbox"/>	<input type="checkbox"/>
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D) HAVE YOU ISSUED PROPER SAFETY EQUIPMENT FOR EACH PESTICIDE AS LISTED ON THE LABEL?

<input type="checkbox"/>	<input type="checkbox"/>
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E) DO YOU HAVE A FORMAL EMERGENCY SPILL CONTROL PROCEDURE?

<input type="checkbox"/>	<input type="checkbox"/>
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F) ARE TECHNICIANS PERIODICALLY TESTED ON THIS PROCEDURE?

<input type="checkbox"/>	<input type="checkbox"/>
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G) LIST CHEMICALS, PESTICIDES AND METHODS USED:

26) FUMIGATION OPERATIONS: A) FUMIGANTS USED	PERCENT OF TOTAL FUMIGANT USED:	WHAT IS BEING FUMIGATED?

- B) DO YOU USE METHYL BROMIDE? YES NO
- C) IS A CHECKLIST USED WHEN PERFORMING FUMIGATIONS YES NO
- D) ARE HAZARD NOTICES AND SAFETY CHECKLISTS PROVIDED TO ALL OCCUPANTS? YES NO
- E) ARE FOOD COMMODITY FUMIGATIONS PERFORMED? YES NO
- F) DO YOU SUBCONTRACT FUMIGATION OPERATIONS? (IF YES, INCLUDE GROSS SALES ON PAGE ONE, QUESTION #20) YES NO

G) DESCRIBE STANDARD FUMIGATION PROCEDURES:

27) TERMITE CONTROL OPERATIONS:

- A) NUMBER OF TERMITE INSPECTIONS _____ PER YEAR Average Inspectors years of Experience: _____
- B) DO YOU SUB CONTRACT ANY TERMITE WORK? YES NO
- C) IF YES DO YOU GET CERTIFICATES OF INSURANCE? YES NO
- D) DO YOU USE TRAINED TERMITE INSPECTORS? YES NO
- E) DO YOU USE NON-CHEMICAL TERMITE TREATMENTS? (IF YES DESCRIBE IN COMMENTS PAGE #4) YES NO
- F) DO YOU USE HEAT, MICROWAVE, THERMAL OR OTHER NON-STANDARD METHODS? (IF YES DESCRIBE IN COMMENTS PAGE #4) YES NO
- G) DO YOU TREAT / INSPECT STRUCTURES THAT HAVE **Exterior Insulation and Finish Systems (EIFS)** (a.k.a. **Synthetic Stucco**) CONSTRUCTION? (IF YES DESCRIBE IN COMMENTS PAGE #4) YES NO
- H) DO YOU TREAT / INSPECT STRUCTURES FOR MOLD (Toxic or Otherwise)? (IF YES DESCRIBE IN COMMENTS PAGE #4) YES NO

** As Regards real estate Sales
*** Where Applicable

WORKERS COMPENSATION SECTION (ANSWER IF APPLICABLE)

28) EXPOSURES:	CLASS	PAYROLL	NUMBER OF EMPLOYEES
	EXTERMINATORS		
	OFFICE EMPLOYEES:		
	SALES PERSONS		
	LAWN APPLICATION:		
	OTHER		
	Total		

- 29) ARE ALL TECHNICIANS CERTIFIED? YES NO NUMBER OF EMPLOYEES WDI / WDO Inspections? _____
- 30) NUMBER OF EMPLOYEES UNDER AGE 18? _____ NUMBER OF EMPLOYEES OVER AGE 66? _____

AUTOMOBILE SECTION Complete only if Umbrella Liability is requested

- 31) NUMBER OF COMMERCIAL VEHICLES: _____ 32) NUMBER OF PRIVATE PASSENGER VEHICLES: _____ 33) TRAILERS _____
- 34) ARE ALL VEHICLES OWNED OR LEASED IN THE COMPANY NAME? YES NO
- 35) Current Auto Liability Carrier: _____
- 36) Current Limit of Automobile Liability: _____
- 37) Any Automobile Losses in the last 3 years? YES NO If Yes, please provide date of Loss and details below or attach Automobile Loss Run

UMBRELLA SECTION IF COVERAGE IS REQUESTED THE FOLLOWING INFORMATION IS REQUIRED

In addition to the following questions, please complete the Automobile Section above. A Fully completed signed ACORD Umbrella Application will be required to bind coverage.

- 38) Automobile Liability Limits: _____
- 39) Annual Premium for Automobile Liability: _____
- 40) Annual Premium for Employers Liability: _____
- 41) Name of Employers Liability Carrier: _____
- 42) Employers Liability Limits: _____

AMS #

GENERAL LIABILITY PREMIUM AND LOSS HISTORY (Attach additional pages for Property, Equipment and Auto):

CURRENT YEAR	Carrier	Policy Number	LIMIT	Premium	CHECK IF NO KNOWN CLAIMS
12/1/2004					<input type="checkbox"/>
Date of Loss	Description of Loss			Amount Paid	Status

Has Policy been canceled? YES NO

1st PRIOR YEAR	Carrier	Policy Number	LIMIT	Premium	CHECK IF NO KNOWN CLAIMS
12/2/2003					<input type="checkbox"/>
Date of Loss	Description of Loss			Amount Paid	Status

Has Policy been canceled? YES NO

2nd PRIOR YEAR	Carrier	Policy Number	LIMIT	Premium:	CHECK IF NO KNOWN CLAIMS
12/2/2002					<input type="checkbox"/>
Date of Loss	Description of Loss			Amount Paid	Status

Has Policy been canceled? YES NO

I certify that the above loss information, to the best of my knowledge, is true. I understand that a misrepresentation would be grounds for cancellation and denial of coverage

Applicant's Signature

Print Applicant's Name

Date

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 HERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL BE ALSO SUBJECT TO CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED AMOUNT OF THE CLAIM FOR EACH SUCH VIOLATION.

APPLICANT'S SIGNATURE AND TITLE

PRINT APPLICANT'S NAME

DATE

COMMENTS:

PLEASED WITH OUR COVERAGE AND SERVICE?

PLEASE RECOMMEND A FRIEND !

NAME _____
 COMPANY _____
 ADDRESS: _____
 CITY: _____ STATE _____ ZIP CODE _____
 PHONE: _____ FAX: _____
 EMAIL _____

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