Pest Control Questionnaire

1. Are label directions for storage, application and chemical amount strictly followed? $\square$ Yes No
2. Has the applicant been fined or disciplined by any governmental agency for product labels, environmental laws, or regulations? $\square$ Yes $\square$ No
3. Does the applicant perform any of the following services:

$\square$
$\square$
$\square$
$\square$Commercial heat treatment for bedbug control Firearms (other than pellet guns or air rifles) for wildlife control Work on farms, crops or other agriculture related industry Greater than $25 \%$ of revenue in repair work (wildlife \& termite repair)
Snow or ice removal
4. Number of technical employees employed:
5. Number of non-technical employees employed:
6. Do you own or operate any other business? $\square$ Yes $\square$ No
7. Does the applicant have any knowledge of or reason to expect claims to be filed arising out of pest control operations prior to the effective date of coverage with the company? $\square$ Yes $\square$ No
8. Select any services you provide and annual receipts for each:

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| $\square$ |General household pest control:

Bed bugs treatment:
Fumigation:
Wildlife control:
Termite treatment:
Wood destroying insect inspection:
Lawn care services:
Tree spraying/trimming services:
Other Services:
Subcontracted services:
Pesticide retail sales:
9. Does the applicant mix chemicals of others and place their labels on them? $\square$ Yes $\square$ No
10. Has the account been canceled and reinstated for non-payment more than 3 times in the last 12 months?

11. Is more than $15 \%$ of the insured's operations mosquito control? $\square$ Yes $\square$ No

