

## **Pest Control Questionnaire**

1.	Are label directions for storage, application and chemical amount strictly followed? Yes No
2.	Has the applicant been fined or disciplined by any governmental agency for product labels, environmental laws, or regulations? Yes No
3.	Does the applicant perform any of the following services:  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? Yes 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? Yes No
8.	Select any services you provide and annual receipts for each:  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? Yes No
10.	Has the account been canceled and reinstated for non-payment more than 3 times in the last 12 months?  Yes No
11.	Is more than 15% of the insured's operations mosquito control? Yes No