



Pest Control Pro Application
 P.O. Box 440549, Kennesaw, GA 30160
 Telephone: (678) 290-2100 Fax: (678) 290-2200
 Email applications to: newsub@markelcorp.com
 Website: markelinsurance.com

Markel Agent Number: _____ Agent Address: _____
 Agent Name: _____ City: _____
 Phone No: _____ Fax No: _____ State: _____ Zip Code: _____
 Submission # _____

BASIC INFORMATION

Proposed Effective Date: _____
 Named Insured: _____
 (DBA): _____
 Mailing Address: _____
 Primary Contact Name: _____ Business Phone: _____ Fax: _____
 Email: _____ Website Address: _____
 Secondary Contact Name: _____ Business Phone: _____ Email: _____
 Current Carrier & Limits of Liability: _____
 Is this policy being non-renewed? Yes No Expiring Premium: _____
 If so, why? Carrier no longer writing this coverage Loss History Other _____

BUSINESS INFORMATION

Form of Business: Corporation Individual Partnership Joint Venture LLC
 Date business started under current ownership: _____
 Do you own or operate any other business? Yes No
 If yes, explain: _____

LIABILITY LIMITS & COVERAGE

General Liability Limit (choose one):

- \$100,000/\$300,000 \$200,000/\$300,000 \$300,000/\$300,000 \$300,000/\$600,000 \$500,000/ \$500,000
 \$500,000/ \$1,000,000 \$1,000,000/ \$1,000,000 \$1,000,000/ \$2,000,000 \$1,000,000/ \$3,000,000
 \$2,000,000 / \$2,000,000 \$2,000,000 / \$3,000,000 \$2,000,000 / \$4,000,000

General Liability Deductible (choose one):

- \$500 \$1,000 \$2,000

Abuse Liability Limit :

- \$100,000/ \$300,000 \$500,000/ \$1,000,000 \$1,000,000 / \$2,000,000 \$1,000,000 / \$3,000,000

Medical Payments Coverage: \$5,000

Employee Benefits Liability: _____ Retroactive Date _____ Number of employees per location

- Limit (choose one):** N/A \$500,000 / \$1,000,000 \$500,000 / \$ 1,500,000 \$1,000,000 / \$1,000,000
 \$1,000,000 / \$ 2,000,000 \$1,000,000 / \$ 3,000,000

Stop Gap Limit (Available in ND, OH, WA, WY only)(choose one):

- \$100,000 / \$500,000 / \$100,000 \$500,000 / \$500,000 / \$500,000 \$1,000,000 / \$1,000,000 / \$1,000,000

Employment Practices Liability Limit (Not available in LA): _____ Retroactive Date

_____ FT Employees _____ PT Employees _____ FT Volunteers _____ PT Volunteers

- N/A \$25,000 \$50,000 \$75,000 \$100,000 (minimum available for MN, NH, NY, ND)
 \$250,000 \$500,000 \$1,000,000

Choose from the following limits for VT:

- \$25,000/\$25,000 \$37,500/\$37,500 \$50,000/\$50,000 \$125,000/\$125,000
 \$250,000/\$250,000 \$500,000/\$500,000

Deductible: \$2,500 \$5,000 \$10,000 (limits over \$75,000 only) \$25,000 (limits over \$100,000 only)

LIABILITY LIMITS & COVERAGE

General Liability Limit (choose one):

- \$100,000/\$300,000 \$200,000/\$300,000 \$300,000/\$300,000 \$300,000/\$600,000 \$500,000/ \$500,000
 \$500,000/ \$1,000,000 \$1,000,000/ \$1,000,000 \$1,000,000/ \$2,000,000 \$1,000,000/ \$3,000,000
 \$2,000,000 / \$2,000,000 \$2,000,000 / \$3,000,000 \$2,000,000 / \$4,000,000

General Liability Deductible (choose one):

- \$500 \$1,000 \$2,000

Abuse Liability Limit :

- \$100,000/ \$300,000 \$500,000/ \$1,000,000 \$1,000,000 / \$2,000,000 \$1,000,000 / \$3,000,000

Medical Payments Coverage: \$5,000

Employee Benefits Liability: _____ Retroactive Date _____ Number of employees per location

- Limit (choose one):** N/A \$500,000 / \$1,000,000 \$500,000 / \$ 1,500,000 \$1,000,000 / \$1,000,000
 \$1,000,000 / \$ 2,000,000 \$1,000,000 / \$ 3,000,000

Stop Gap Limit (Available in ND, OH, WA, WY only)(choose one):

- \$100,000 / \$500,000 / \$100,000 \$500,000 / \$500,000 / \$500,000 \$1,000,000 / \$1,000,000 / \$1,000,000

Employment Practices Liability Limit (Not available in LA): _____ Retroactive Date

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 \$250,000/\$250,000 \$500,000/\$500,000

Deductible: \$2,500 \$5,000 \$10,000 (limits over \$75,000 only) \$25,000 (limits over \$100,000 only)

Submission # _____

OPERATIONS

(A Copy of this Page is Required for Each Additional Location)

Location # _____

Address: _____

Check all Operations that apply to this location:

- | | | |
|---|------------------------|-------|
| <input type="checkbox"/> Pest Control Operators | Gross Sales | _____ |
| <input type="checkbox"/> Bed Bug Treatment | Gross Sales | _____ |
| <input type="checkbox"/> Fumigating | Structural Gross Sales | _____ |
| | Commodity Gross Sales | _____ |
|
 | | |
| <input type="checkbox"/> Wild Life Control | Gross Sales | _____ |
| <input type="checkbox"/> Termite Treatment | Gross Sales | _____ |
| <input type="checkbox"/> Lawn Care Services | Gross Sales | _____ |
| | Payroll | _____ |
| <input type="checkbox"/> WDI Inspections | Gross Sales | _____ |

Do you have any other services at this location? Yes No If yes, complete the Other Services Supplemental

Are any services subcontracted or performed by others? Yes No

If yes, complete the Subcontractors Supplemental

Do you have retail sales of pesticides? Yes No Pesticide Retail Sales: _____

ADDITIONAL INSUREDS

List all additional insureds that need to be listed on the policy:

Name: _____

Address: _____

Insured Type: Designated Person Franchisor Leaser of Equipment Landlord

Name: _____

Address: _____

Insured Type: Designated Person Franchisor Leaser of Equipment Landlord

Submission #

BASIC PROPERTY INFORMATION

(A Copy of this Page is Required for Each Location for which property coverage is desired)

Location #: _____ Building #: _____

Address: _____

Property Deductible (choose one): \$500 \$1,000 \$2,500 \$5,000 \$10,000 \$25,000 \$50,000

Wind/Hail Deductible (choose one): Same as all other property Exclude

Percent - 2% 5%

Flat - \$1,000 \$2,500 \$5,000 \$10,000 \$25,000 \$50,000

Property Coinsurance Percentage (choose one): 80% 90% 100%

Construction Type (choose one): Frame Joisted Masonry Masonry Non-Combustible

Non-Combustible Semi-Fire Resistive Fire Resistive

Is your building sprinklered? Yes No

In what year was the building constructed? _____

If over 20 years old, has the bulding been updated (including roof and plumbing within the past 20 years?) Yes No

If no, please explain: _____

Building Square Footage: _____ Number of Stories: _____

Is this location adjacent to potentially hazardous exposures? Yes No

COVERAGES AND LIMITS

Choose the coverages desired or are required to carry:

Building \$ _____ Replacement Cost ACV

Business Personal Property \$ _____ Replacement Cost ACV

Tenant Improvements & Betterments \$ _____ Replacement Cost ACV

Signs (\$1,000 Deductible) \$ _____

Description of sign(s): Attached Free Standing Both

Type of sign(s): Entirely Metal Other

Business Income \$ _____

Does a separate business income coinsurance apply? Yes No

If so, please choose one: 50% 60% 70% 80% 90% 100% 125%

Select the monthly limit of indemnity: 1/3 1/4 1/6 None

PROPERTY ADDITIONAL INTERESTS

List all property additional interest that need to be listed on the policy:

Name: _____

Address: _____

Insured Type: Mortgagee Building Owner Loss Payee Lender's Loss Payee

Name: _____

Address: _____

Insured Type: Mortgagee Building Owner Loss Payee Lender's Loss Payee

For Inland Marine or Crime Coverages, please complete the appropriate Accord application and submit with the completed Pest Control Application

Submission # _____

SERVICES SUPPLEMENTAL

(A Copy of this Page is Required for Each Additional Location)

Location # _____

Address: _____

Which services do you provide at this location?

- Appliance Service or Repair Payroll: _____ Gross Sales: _____
 Commercial Household
- Building Leased to Others Square Footage: _____
 Is this building maintained by the insured? Yes No
- Carpet Cleaning Payroll: _____ Gross Sales: _____
- Carpentry - Interior Payroll: _____ Gross Sales: _____
- Carpentry - Shop Only Payroll: _____ Gross Sales: _____
- Carpentry - Construction of residents less than 3 stories Payroll: _____ Gross Sales: _____
- Carpentry - All Other Payroll: _____ Gross Sales: _____
- Chimney Cleaning Payroll: _____ Gross Sales: _____
- Cleaning Exteriors of Buildings Payroll: _____ Gross Sales: _____
- Distributors - No Food or Drink Gross Sales: _____
- Electrical Apparatus Installation or Repair Payroll: _____ Gross Sales: _____
- Electrical Work within Buildings Payroll: _____ Gross Sales: _____
- Fence Erection Payroll: _____ Gross Sales: _____
- Floor Covering Store
- Handy person Payroll: _____ Gross Sales: _____
- Inspection and Appraisal Companies Payroll: _____ Gross Sales: _____
- Insulation Work Payroll: _____ Gross Sales: _____
 Plastic Mineral Organic or Plastic in Solid State
- Janitorial Services Payroll: _____ Gross Sales: _____
- Landscape Gardening Payroll: _____ Gross Sales: _____
- Office Square Footage: _____
 Is this building occupied by the employees of the insured? Yes No
- Painting Interior Buildings or Structures Payroll: _____ Gross Sales: _____
 Interior - Buildings or Structures Exterior - Buildings Over 3 Stories Exterior - Buildings 3 Stories or Less
- Plumbing Commercial Payroll: _____ Gross Sales: _____
- Plumbing Residential Payroll: _____ Gross Sales: _____
- Roofing Residential - 3 Stories or Less Payroll: _____ Gross Sales: _____
- Roofing Residential - Over 3 Stories or Commercial Payroll: _____ Gross Sales: _____
- Septic Tank Systems Payroll: _____ Gross Sales: _____
- Snow and Ice Removal - Contractor Payroll: _____ Gross Sales: _____
- Stores
 No Food or Drink Food and Drink
- Swimming Pool Servicing Payroll: _____ Gross Sales: _____
- Tree Pruning, Dusting, Spraying, Repairing or Fumigating Payroll: _____ Gross Sales: _____

Vacant Land Acreage: _____

Warehouse Square Footage: _____

Private Mini Warehouse Lessors Risk Only - Multiple Lessors Risk Only - Single

Waterproofing

Payroll: _____ Gross Sales: _____

Submission # _____

SUBCONTRACTOR SUPPLEMENTAL

(A Copy of this Page is Required for Each Additional Location)

Location # _____

Address: _____

Which services are subcontracted at this location?

- Appliance Installation Total Consumer Cost: _____ Service Cost: _____
- Carpentry Total Consumer Cost: _____ Service Cost: _____
- Carpet, Rug, Furniture Cleaning Total Consumer Cost: _____ Service Cost: _____
- Electrical Apparatus Installation or Repair Total Consumer Cost: _____ Service Cost: _____
- Electrical Work Total Consumer Cost: _____ Service Cost: _____
- Excavation Total Consumer Cost: _____ Service Cost: _____
- Fence Erection Total Consumer Cost: _____ Service Cost: _____
- Floor Covering Total Consumer Cost: _____ Service Cost: _____
- Fumigation Total Consumer Cost: _____ Service Cost: _____
- Grading Total Consumer Cost: _____ Service Cost: _____
- Handyperson Total Consumer Cost: _____ Service Cost: _____
- Inspection and Appraisal Total Consumer Cost: _____ Service Cost: _____
- Insulation Work Total Consumer Cost: _____ Service Cost: _____
- Janitorial Total Consumer Cost: _____ Service Cost: _____
- Landscape Gardening Total Consumer Cost: _____ Service Cost: _____
- Plumbing Total Consumer Cost: _____ Service Cost: _____
- Roofing Total Consumer Cost: _____ Service Cost: _____
- Snow Removal Total Consumer Cost: _____ Service Cost: _____
- Tree Pruning Spraying Total Consumer Cost: _____ Service Cost: _____

Do you require all contractors to be adequately insured? Yes No

Do you require the subcontractor to include you as an additional insured on their insurance policy? Yes No

Do you require the subcontractor to provide you with a waiver of subrogation? Yes No

RISK MANAGEMENT

Do you have a formal safety program? No Yes

Any policy or coverage declined, cancelled or non-renewed during the prior 3 years? N/A in Missouri. No Yes

Have any crimes occurred or been attempted on your premises within the last 3 years? No Yes

Any bankruptcies, tax or credit liens against you in the last 5 years? No Yes

Has the account been canceled and reinstated for non-payment more than 3 times in the last 12 months? No Yes

Have you or any affiliated, related or predecessor entity or any officer or owner of any of them ever been convicted of a felony? No Yes

If yes, explain: _____

Have you or any affiliated, related or predecessor entity ever been fined or disciplined by any governmental/regulatory agency or by civil court for violation of any regulations, safety, health or product label, environmental laws or regulations? No Yes

If yes, explain: _____

Do you conduct training programs for technicians? No Yes

List the top five (5) Pesticide/Herbicide used by your company:

Where and how are pesticides used for sales & services stored? _____

Do you reformulate or repackage pesticides for retail sale? No Yes

If yes, explain: _____

Do you engage in any drilling operations during pest control application? No Yes

What precautions are taken to avoid drilling into services lines (gas, water, etc)?

Please answer the following questions if Wildlife Control Services are provided:

What release/extermination/disposal procedures or techniques are used for trapped animals? _____

Are firearms used for wildlife control? No Yes

Type and Caliber of Firearm: _____

Do you do repair work caused by wildlife? No Yes

Submission # _____

LOSS INFORMATION

Have you had any claims or losses in the past five years? This includes both claims that you have filed No Yes with an insurance company and losses that you did not file with an insurance company.

Are you involved in any litigation, administrative, or arbitration proceedings or subject to any court or agency order of injunction? No Yes

If yes, explain: _____

Do you 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? No Yes

If yes, explain: _____

List all losses in the past 3 years whether or not insured(Attach additional sheet if necessary):

Date of Claim	Type of Claim	Description of Claim	Open/Closed	Paid

Please answer the following questions if Employment Practices Liability coverage is being provided:

Have there been any EPLI claims, suits or complaints or are there any now pending claims against the insured or any executive, officer or owner? No Yes

Provide details of claims: _____

Does the insured and any executive, officer, or owner have any knowledge or information of any act, error, or omission which could reasonably be expected to give rise to an EPLI claim, suit or complaint? No Yes

If yes, explain: _____

Submission #

Pest Control Application
Employment Related Practices Liability Supplement
(To be completed with limits of \$250,000 or greater)

Has the insured been in business for at least three continuous years with no bankruptcy filings? No Yes

If no, explain: _____

Are all job applicants required to complete and sign an employment application? No Yes

If no, explain: _____

Does the insured have an employment handbook, website or written employment materials, such as anti-harassment or anti-discrimination policies, to advise employees of their rights to work free of harassment and discrimination in the workplace? No Yes

If no, explain: _____

In the past 12 months and the coming 12 months combined, has there been or does the insured expect any layoffs or reductions in work force totaling more than 15% of the total employee count? No Yes

If yes, explain: _____

FRAUD WARNINGS

GENERAL FRAUD STATEMENT (not applicable in Colorado, Florida, Hawaii, Massachusetts, Nebraska, Ohio, Oklahoma, Oregon and Vermont) Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and (NY: substantial) civil penalties. In the District of Columbia, Louisiana, Maine, Tennessee and Virginia, and Washington insurance benefits may also be denied.

NOTICE TO COLORADO APPLICANTS: THIS NOTICE IS A PART OF YOUR APPLICATION FOR PROFESSIONAL LIABILITY INSURANCE: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment or both.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: A person who knowingly and with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON APPLICANTS: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact, may be violating state law.

NOTICE TO VERMONT APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a crime, subjecting the person to criminal and civil penalties.

THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE APPLICANT AGREES THAT IF THE INFORMATION SUPPLIED ON THE APPLICATION BY THE APPLICANT CHANGES BETWEEN THE DATE OF THE APPLICATION AND THE EFFECTIVE DATE OF INSURANCE, APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE.

Applicant's Signature: _____
Producer's Signature: _____
(Only applicable if using a producer)
Producer's License Number: _____

Date: _____
Date: _____
Exp Date: _____

How did you hear about Markel: Magazine Ad Referral Convention/Conference Web Site Other
Describe: _____

Thank you for choosing Markel!