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## PEST MANAGEMENT PROFESSIONAL GENERAL LIABILITY APPLICATION

**INSTRUCTIONS:** This entire Application must be completed. Read all questions carefully and provide complete answers. Failure to provide complete information will result in delay in consideration of this Application. If additional space is needed, attach details to Application on a separate sheet of paper.

### BROKER / AGENT INFORMATION

Name Time Insurance Agency, Inc.  
Address 1405 E. Riverside Dr.  
City Austin State Tx Zip 78741 County/Parish Travis  
Telephone 512-447-7773 Fax 5812-440-0989 Agency Website www.timeinsurance.com  
Producer Name \_\_\_\_\_ Email \_\_\_\_\_ Cell \_\_\_\_\_  
CSR Name Cindy Perez Email cperez@timeinsurance.com  
Federal ID or Social Security # \_\_\_\_\_ National Producer Database # \_\_\_\_\_

### APPLICANT INFORMATION

Applicant Name, if Sole Proprietor \_\_\_\_\_  
Company Name or DBA \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County/Parish \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Cell \_\_\_\_\_  
Email \_\_\_\_\_ Contact Name \_\_\_\_\_  
Federal ID or Social Security # \_\_\_\_\_ Applicant Web Site \_\_\_\_\_  
*(FEIN if corporation, social security number if sole proprietor)*  
Business Type:  Sole Proprietorship  Partnership  Corporation  LLC  Other \_\_\_\_\_  
Name of Licensed Pest Control Operator/Applicator \_\_\_\_\_ License # \_\_\_\_\_  
Business License # \_\_\_\_\_  
Date your current policy expires or when you want the new policy to be effective \_\_\_\_\_  
How many years' experience does the licensed operator/applicator have in the pest control industry? \_\_\_\_\_  
How long have you owned this company? \_\_\_\_\_ (If in business less than 3 years, name and location of previous pest control employer \_\_\_\_\_) **Must answer! THEY WILL NOT BE CONTACTED!!**  
Are you a member of any pest control association?  Yes  No If yes, which one(s)? \_\_\_\_\_  
Number of Employees: Pest Control \_\_\_\_\_ Termite Control \_\_\_\_\_ Non-Contract Inspections \_\_\_\_\_ Fumigation \_\_\_\_\_  
Licenses:  General Household Pest  Commercial Vertebrate  Termite  WDI/O  Fumigation  Weed, Herbicide & Lawn  
 Other \_\_\_\_\_

**GENERAL INFORMATION – Explain all “Yes” responses below.**

- 1. Does Applicant currently own or operate any other business?  Yes  No
- 2. Has Applicant or any affiliated, related or predecessor entity or any officer or owner of any of them:
  - a. Ever been convicted of a felony?  Yes  No
  - b. Ever defaulted on a labor and material payment bond, performance bond or bid bond or failed to complete or been terminated on any project?  Yes  No
  - c. Currently been involved in any litigation administration, or arbitration proceeding(s) or been subject to any court or agency order of injunction?  Yes  No
  - d. Ever been cited by any governmental/regulatory agency or by civil court for violation of any regulations, safety, health, or product label, environmental laws or regulations?  Yes  No
- 3. 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 this company?  Yes  No
- 4. Does Applicant perform building inspections or appraisals, or issue or render services or opinions regarding structural integrity, chemical, air quality or health-related mold issues?  Yes  No

**(THESE SERVICES, REPORTS, AND OPINIONS ARE NOT COVERED!)**

**Comments and Details – use this space to provide details to any questions answered by Yes above.**

- 5. Is pest control operation a full-time business for Applicant?  Yes  No  
If no, what is primary occupation? \_\_\_\_\_
- 6. Does Applicant perform any non-pest control services such as Janitorial, Carpentry, Excavation/Grading, Pools, Electrical, Insulation, Roofing, Plumbing or General Construction?  Yes  No  
If yes, please list: \_\_\_\_\_
- 7. Do you use subcontractors?  Yes  No

If yes, please be advised that it is your responsibility to obtain certificates of insurance from any subcontractor with whom you do business. The subcontractor's insurance limits must equal or be higher than yours, and you must be listed as an additional insured under the subcontractor's policy.

**THESE REQUIREMENTS ARE TO AVOID POSSIBLE ADDITIONAL PREMIUM AT THE TIME OF AUDIT, AND YOU MIGHT BE ASKED TO PROVIDE THEM WHEN AUDITED.**

- 8. Please list product(s) used: For Termite, Rodent, Fumigation, Other  
\_\_\_\_\_
- 9. LIPCA provides loss control services. Would you like a call or to be contacted?  Yes  No

**POLICY LIMITS (Limits may not be available in all states)**

- \$100,000 per Occurrence/Aggregate  \$1,000,000 per Occurrence/\$2,000,000 Aggregate
- \$100,000 per Occurrence/\$300,000 Aggregate  \$1,000,000 per Occurrence/\$3,000,000 Aggregate
- \$200,000 per Occurrence/\$300,000 Aggregate  \$1,000,000 per Occurrence/\$4,000,000 Aggregate
- \$300,000 per Occurrence/\$600 Aggregate  \$1,000,000 per Occurrence/\$5,000,000 Aggregate
- \$350,000 per Occurrence/Aggregate  \$2,000,000 per Occurrence/Aggregate
- \$500,000 per Occurrence/Aggregate  \$2,000,000 per Occurrence/\$3,000,000 Aggregate
- \$500,000 per Occurrence/\$1,000,000 Aggregate  \$2,000,000 per Occurrence/\$4,000,000 Aggregate
- \$1,000,000 per Occurrence/Aggregate  \$2,000,000 per Occurrence/\$5,000,000 Aggregate
- HIGHER LIMITS REQUIRED** Please Contact Our Office

**DEDUCTIBLE (Deductibles may not be available in all states and cannot exceed 1% of receipts)**

- \$500  \$1000  \$2500  \$5000  \$10,000

## CLAIMS HISTORY

Have you had any claims during the past 3 years? This includes all claims whether or not reported to your insurer or whether payments were

made. Check here if none:  **Currently-valued three-year loss runs must be provided within 30 days of binding.**

Policy Year	Carrier	Premium	Date of Loss	Amount Incurred	Description of Loss
_____	_____	_____	_____	_____	_____

Any attempt to falsify claims history could result in cancellation of your policy or denial of coverage should a claim occur.

## PHYSICAL LOCATIONS, DESCRIPTION OF OPERATIONS & GROSS ANNUAL RECEIPTS

WE **MUST** HAVE AN ACTUAL PHYSICAL ADDRESS, CITY, STATE, ZIP, COUNTY/PARISH AND AN ESTIMATE OF GROSS RECEIPTS FOR EACH TYPE OF WORK THAT IS PERFORMED AT EACH LOCATION.

Please be aware that this is an auditable policy based on estimated receipts and, as such, you could receive an invoice of additional premium due or a refund of overpaid premium after the expiration of the policy period. For audits we have authorization to examine all records that relate to this policy. Noncompliance with completing the audit may result in an estimated assessment to your policy. Failure to pay your audit premium may result in a cancellation or non-renewal. Any return premium will be net the balance owed on the audit.

**Location 1:** Address (Only If different from mailing address) City State Zip

Is this location inside the city limits?  Yes  No County/Parish \_\_\_\_\_

Is this your primary location?  Yes  No \_\_\_\_\_

**If you have other locations, offices or storage facilities, please make a copy of this page and list each location's receipts, etc. separately (best guess on receipts).**

(All subcontracted sales should be on #8 ONLY)

### 1. Pest Control (Commercial and Residential)

#### Receipts

General Pest (also includes rodents, bees, birds and exclusion work) \$ \_\_\_\_\_

Mosquito Control \$ \_\_\_\_\_

What type of mosquito control \_\_\_\_\_

Wildlife Control \$ \_\_\_\_\_

What procedures, products, methods, & equipment (including the use of firearms) are used in controlling/trapping and in the release/extermination/disposal of animals? \_\_\_\_\_

Retail Sales of Pest Products \$ \_\_\_\_\_

**Bed Bugs**  **IPM** \$ \_\_\_\_\_  **Dry Heat** \$ \_\_\_\_\_

### 2. Termite Services

(INCLUDES TREATMENT, PRETREATMENT, RENEWAL INSPECTIONS, DAMAGE REPAIR SERVICES AND BAITING)

#### Receipts

Termite Treatment \$ \_\_\_\_\_

Moisture Control \$ \_\_\_\_\_

Repairs/Carpentry \$ \_\_\_\_\_

### 3. WDI/WDO Inspections Without Treatment (Wood Destroying Insect/Organism Reports) - Inspections for real estate transactions and/or refinancing only; **DOES NOT** include renewal inspections for structures under contract where treatments were performed by you.

#### Receipts

Average Cost per Inspection \$ \_\_\_\_\_ Any Free Inspections?  Yes  No

Total Number of Paid Inspections/yr. \_\_\_\_\_ If yes, how many? \_\_\_\_\_

Total Receipts (cost X number of inspections) \$ \_\_\_\_\_

**4. Lawn & Ornamental – Please provide both Payroll and Receipts for Best Quote**

(Lawn & Ornamental Supplemental Application may be required in the following states: AZ, CA, CO, ID, MT, NV, OR, TX, UT, WA, & WY)

	<u>Payroll</u>	<u>Receipts</u>		<u>Payroll</u>	<u>Receipts</u>
Herbicide Spraying/Weed Control	\$ _____	\$ _____	Irrigation	\$ _____	\$ _____
Right of Way	\$ _____	\$ _____	Other (Describe)	\$ _____	\$ _____
Lawn Care	\$ _____	\$ _____		\$ _____	\$ _____
Aquatic Spraying	\$ _____	\$ _____			

- A. Are you now, or have you in the past, been insured under a Wrap-Up or OCIP (Owner Controlled insurance Program)?  Yes  No
- B. Have you ever been named in a claim alleging a construction defect?  Yes  No
- If Yes, please explain what was the date of loss and what was the nature of the operations (residential, commercial, et al)?
- 

**5. Landscape Gardening**                      Payroll                      Receipts                      **LAWN & ORNAMENTAL SUPPLEMENT** required for any landscaping, lawn sprinkler installation or service, underground work, sidewalk & driveway work, excavating/grading for construction, retail nursery sales and sales of landscaping equipment or chemical products

\$ \_\_\_\_\_                      \$ \_\_\_\_\_

**6. Tree Pruning, Dusting, Spraying, Repairing, Trimming, Fumigation etc.**                      Payroll                      Receipts                      **LAWN & ORNAMENTAL SUPPLEMENT** required for Tree & Shrub Planting and in the following states: AZ, CA, CO, ID, MT, NV, OR, TX, UT, WA & WY

\$ \_\_\_\_\_                      \$ \_\_\_\_\_

**7. Fumigation (In House/Direct) only**                      Receipts                      **FUMIGATION SUPPLEMENT** required for any direct fumigation services

\$ \_\_\_\_\_

**8. Subcontracted Services (Examples, Fumigation, Janitorial, Pools, Christmas Lights, etc.)**

Types of services subcontracted	A. _____	B. _____	C. _____
Gross Receipts	\$ _____	\$ _____	\$ _____
Cost of Subcontractor	\$ _____	\$ _____	\$ _____
Net Receipts	\$ _____	\$ _____	\$ _____

If subcontracted fumigation, please advise: Structural, ship, commodity or other \_\_\_\_\_

**9. Other Types of Services and Receipts (Examples, Janitorial, Pools, Christmas Lights, etc.)**

List here: \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL ESTIMATED GROSS RECEIPTS FOR LOCATION 1:**                      \$ \_\_\_\_\_

**OTHER COVERAGES**

**Would you like a quote from LIPCA for your equipment coverage?**                       Yes  No **Total Value** \_\_\_\_\_

(Supplemental schedule required)

**Would you like a quote for your property, business, personal property, business income coverage?**                       Yes  No **Total Value** \_\_\_\_\_

(Additional application is required)

**Workers Compensation Section (Answer if Applicable)**

**Would you like a quote from LIPCA for your Workers Compensation coverage?**  Yes  No

Number of employees: technician/lawn \_\_\_\_\_ Office \_\_\_\_\_ Sales \_\_\_\_\_

(An additional application must be completed along with 5 years loss history to obtain a quote. Not available in all states)

**Automobile Section (Answer if Applicable)**

**Would you like a quote from LIPCA for your auto coverage?**  Yes  No

Number of insurable Vehicles: \_\_\_\_\_ Trailer: \_\_\_\_\_

Are all vehicles owned or leased in the company name? \_\_\_\_\_

Current Auto Liability carrier: \_\_\_\_\_ Automobile Limits needed: \_\_\_\_\_

(An additional application must be completed along with 5 years loss history to obtain a quote. Not available in all states)

**Umbrella or Excess Section**

*(Supplement Application is required, plus possible additional information)*

Umbrella?  Yes  No

Excess only?  Yes  No

**Limits required** \_\_\_\_\_

(Or send copy of declarations page with application.)

**(Quote and terms are subject to receipt and acceptable review of loss history prior to binding.)**

**3 – 5 YEARS LOSS HISTORY AND COMPLETE COPIES OF UNDERLYING POLICIES REQUIRED IF APPLICABLE.**

By acceptance of an insurance policy based on this application, the Insured and/or his representative agrees that the statements in this application are the Insured's representations, that they shall be deemed material and that the insurance policy is issued in reliance upon the truth of such representations, and that the insurance policy embodies all agreements existing between the Insured and the Company, or any of its agents, relating to this insurance. ***The Insured acknowledges that this application is a part of the insurance policy!***

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. (Not applicable in CO, HI, NE, OH, OK, or VT: in DC, LA, ME and VA, insurance benefits may also be denied).

This signed application (whether manually or electronically) is my authorization to insurance companies listed on this application to provide to LIPCA, Inc. premium and loss data as requested by LIPCA, Inc.

\_\_\_\_\_  
**Broker/Agent**

\_\_\_\_\_  
**Applicant (Signature must be obtained before binding)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date (Date must be obtained before binding)**