

5 Waller Avenue White Plains NY 10601 800-431-2794 Fax 914-428-0943

**Please Complete All Sections
THIS IS NOT A BINDER FOR COVERAGE**

1) Proposed Effective Date 8/8/2007	2) Proposed Expiration Date 8/7/2008	3) Today's Date: 8/8/2007
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4) NAME OF APPLICANT AND /OR CORPORATE NAME (Use separate sheet if more space is needed):

5) MAILING ADDRESS:		5a) PHYSICAL ADDRESS: COMPLETE ADDRESS IF DIFFERENT FROM MAILING ADDRESS	
<input style="width: 100%; height: 20px;" type="text"/>		<input style="width: 100%; height: 20px;" type="text"/>	
CITY: <input style="width: 100%; height: 20px;" type="text"/>		CITY: <input style="width: 100%; height: 20px;" type="text"/>	
STATE: <input style="width: 100%; height: 20px;" type="text"/>	ZIP CODE: <input style="width: 100%; height: 20px;" type="text"/>	STATE: <input style="width: 100%; height: 20px;" type="text"/>	ZIP CODE: <input style="width: 100%; height: 20px;" type="text"/>
6) E-Mail ADDRESS: <input style="width: 100%; height: 20px;" type="text"/>		County: <input style="width: 100%; height: 20px;" type="text"/>	

7a) CONTACT FOR INFORMATION AND FINAL AUDIT ADJUSTMENT:

7 b) ALTERNATE CONTACT:

8) TELEPHONE: 9) FAX: 10) ALTERNATE PHONE:

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:

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

16) TOTAL GROSS SALES: <input style="width: 100%; height: 20px;" type="text"/>	TOTAL PAYROLL: <input style="width: 100%; height: 20px;" type="text"/>	17) REQUESTED LIMIT OF LIABILITY: <input style="width: 100%; height: 20px;" type="text"/>
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18) OPERATIONS	<input style="width: 100%; height: 20px;" type="text"/> % Residential	<input style="width: 100%; height: 20px;" type="text"/> % Agricultural	<input style="width: 100%; height: 20px;" type="text"/> % Pretreats: <input style="width: 100%; height: 20px;" type="text"/>
	<input style="width: 100%; height: 20px;" type="text"/> % Lawn and Garden	<input style="width: 100%; height: 20px;" type="text"/> % Municipalities	<input style="width: 100%; height: 20px;" type="text"/> % Commodity Fumigation
	<input style="width: 100%; height: 20px;" type="text"/> % Fumigation Residential	<input style="width: 100%; height: 20px;" type="text"/> % Comm'l Non Food	<input style="width: 100%; height: 20px;" type="text"/> % Agricultural Fumigation:
	<input style="width: 100%; height: 20px;" type="text"/> % Fumigation Commercial	<input style="width: 100%; height: 20px;" type="text"/> % Food Related	<input style="width: 100%; height: 20px;" type="text"/> % Other Operations (Radon, Water and Septic Testing etc.)

19) OPERATING LOCATIONS (IF DIFFERENT FROM MAILING ADDRESS)

	MAIN LOCATION	LOCATION 2	LOCATION 3
ADDRESS:	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
STATE:	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
	<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):	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Termite Control:	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
WDO / WDI Inspection:	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Fumigation:	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Lawn Care Sales:	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Lawn Care Payroll:	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Product Sales:	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Pretreats:	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Carpentry:	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Other Income (explain):	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
State Total:	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

CHECK YES RESPONSES

HOW OFTEN
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:

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
- 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?
- C) DO YOU HAVE A RESPONSE PROCEDURE FOR CUSTOMER COMPLAINTS?

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?
- B) ARE SPECIFIC RECORDS KEPT FOR EACH TECHNICIANS: TRAINING? CONTINUING EDUCATION INVENTORY USE?
- C) ARE MSDS KEPT ON FILE WITH AN ORGANIZED PROGRAM FOR UPDATES?
- D) ARE CUSTOMER RECORDS MAINTAINED CONCERNING: PAST AND CURRENT CONTRACTS ACCIDENTS AND / OR COMPLAINTS AMOUNT OF PESTICIDE USED PER JOB SITE

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

- A) IS THERE A WRITTEN COMPANY SAFETY PLAN IN PLACE?
- 1) IF YES, IS A COPY AVAILABLE ON OUR REQUEST?
- 2) IF NO, IS THERE ANY COMMUNICATION ON SAFETY ISSUES? (DESCRIBE BELOW)

IF YES PROVIDE DETAILS:

- B) ARE "SPOT CHECKS " CONDUCTED TO VERIFY COMPANY POLICY IS BEING FOLLOWED?
- C) DO YOU PROVIDE FORMAL EMPLOYEE SAFETY TRAINING?
- D) IS PROPER TRAINING PROVIDED ON ALL SAFETY EQUIPMENT?
- E) DO EMPLOYEES WEAR KNEE PADS, HEAD GEAR, PROPER SHOES, EAR PLUGS AND SIMILAR PROTECTIVE WEAR?
- F) DO EMPLOYEES ATTEND FORMAL SAFETY MEETINGS? ARE THEY DOCUMENTED?

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?
- D) HAVE YOU ISSUED PROPER SAFETY EQUIPMENT FOR EACH PESTICIDE AS LISTED ON THE LABEL?
- E) DO YOU HAVE A FORMAL EMERGENCY SPILL CONTROL PROCEDURE?
- F) ARE TECHNICIANS PERIODICALLY TESTED ON THIS PROCEDURE?
- G) LIST CHEMICALS, PESTICIDES AND METHODS USED:

A) FUMIGANTS USED	FUMIGANT USED:	
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- 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 UNDERAGE 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
8/8/2006					<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
8/8/2005					<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
8/8/2004					<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

8/8/07

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

8/8/07

DATE

COMMENTS:

PLEASED WITH OUR COVERAGE AND SERVICE?

PLEASE RECOMMEND A FRIEND !

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

**THANK YOU FOR
 CHOOSING
 WEISBURGER
 INSURANCE!**

AMS #

Pest Control Operators Questionnaire v.7/1/2004