



COLONIAL GENERAL INSURANCE AGENCY, INC.

P.O. Box 14770, Scottsdale, AZ 85267-4770
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(480) 991-7889 WATS (800) 848-8860
Fax (480) 948-1394 Toll Free (866) 240-8807

P.O. Box 571770, Murray, UT 84157-1770
5373 S. Green St., Suite 525, Murray, UT 84123
(801) 290-1144 WATS (800) 594-8900
Fax (801) 290-1160 Toll Free (800) 332-9285

Exterminators General Liability Application

Applicant's Name	_____
Mailing Address	_____ _____
Web site Address	_____

Agency Name	_____
Agent	_____
Address	_____ _____
E-mail	_____
Phone	_____

PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

Applicant is: Individual Corporation Partnership Joint Venture
 Limited Liability Company Other (Specify): _____

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE"

LIMITS OF LIABILITY REQUESTED

General Aggregate		\$
Products & Completed Operations Aggregate		\$
Personal & Advertising Injury		\$
Each Occurrence		\$
Fire Damage (any one fire)		\$
Medical Expense (any one person)		\$
Lost Key Coverage.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$25,000
Property Damage Extension (CCC)	Occurrence	\$
	Aggregate	\$
Wood Destroying Organism Inspection	Occurrence	<input type="checkbox"/> \$25,000 or <input type="checkbox"/> \$50,000
	Aggregate	\$100,000
Other		\$
Deductible		\$

LOCATION OF OPERATIONS

Street & City	State	License Number
1. <input type="checkbox"/> same as mailing address		
2.		
3.		

- How long has applicant been in business? _____ years Full-time Part-time
- Does applicant perform large animal control (such as alligators, bears, lions)? Yes No
If yes, please explain: _____
- Does applicant exterminate other than insects or small household pests? Yes No
If yes, please explain: _____
- Does applicant perform bird control/extermination at or near airports? Yes No
- Does applicant install and/or repair insecticide misting systems? Yes No
- Does applicant subcontract work? Yes No
If yes: Annual subcontract cost: \$ _____
Type of work subcontracted: _____
Are Certificates of Insurance obtained? Yes No
Minimum limits that subcontractors are required to carry: _____

DESCRIPTION OF OPERATIONS

Operation	Sales	Percentage of Operation
Termite Inspections without Treatment (do not include sales for renewal inspections where a previous treatment by you has been done)	\$	%
Termite Treatment and Renewal Inspections	\$	%
Carpentry (Payroll: \$)	\$	%
Exterminating—Residential	\$	%
Commercial	\$	%
Fumigation—Residential	\$	%
Commercial	\$	%
Crop Dusting or Spraying	\$	%
Tenting	\$	%
Highway Right of Way Maintenance	\$	%
Other—Please Describe:	\$	%
Total Sales	\$	100%

- Does applicant perform radon testing? Yes No
If yes, describe the procedure: _____
Who performs the analysis? _____
- Do any operations involve propane, oxygen or heat? Yes No
If yes, describe: _____

9. Does applicant inspect for mold? Yes No
10. Does applicant advise clients that he does or does not inspect for mold? Yes No
11. Does applicant perform any mold remediation? Yes No
12. Does applicant subcontract mold remediation? Yes No

EMPLOYEE DATA

Category	Number
Owner(s) only	
Exterminators:	
Full-time	
Part-time	
Total	

During the past three years, has any company ever canceled, declined or refused to issue similar insurance to the applicant (Not applicable in Missouri)? Yes No

If yes, please explain: _____

PRIOR INSURANCE AND LOSS HISTORY: Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years See loss run attached

Year	Company	Policy No.	Premium	Paid Losses	Reserved Losses	Loss Description

ADDITIONAL INSURED INFORMATION

Name	Address

13. Does applicant have other business ventures for which coverage is not requested? Yes No
- If yes, explain and advise where insured: _____
- _____

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING:

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 thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

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 in the third degree.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (APPLICABLE IN TENNESSEE AND WASHINGTON):

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:

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 thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: _____

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

Agent's E-mail Address _____ Preferred Method of Correspondence? E-Mail Fax Regular Mail

Applicant's E-mail Address _____ Preferred Method of Correspondence? E-Mail Fax Regular Mail