

CHOMKO Insurance Services

161 N. Gibson Road
Henderson, Nevada 89014
Phone: (702) 992-6800 Fax: (702) 992-6806

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. This Application is NOT an insurance policy and the COMPANY affording coverage reserves the right to reject any application for any reason. If additional space is needed, attach details to Application on a separate sheet of paper.

Broker/Agent Information

Name: _____
Address: _____
City: _____ State: _____ Zip: _____ County/Parish: _____
Telephone: () _____ Fax: () _____ Agency Website: _____
Producer Name: _____ Email: _____ Cell: () _____
CSR Name: _____ Email: _____
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 Website: _____
Business Type: Sole Proprietorship Partnership Corporation LLC Other _____
Licensee Name: _____ Operator License #: _____ (from the license or certificate issued by the state)
Date your current policy expires or when you want the new policy to be effective: _____
How many years have you been 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: _____)
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 _____
Category(ies) Licensed in which to do business: General Household Pest Commercial Vertebrate
 Termite WDI/O Lawn & Ornamental Other _____

General Information – Explain all “Yes” responses below

- 1. Is the Applicant a successor of any other business? Yes No
- 2. Does the Applicant own or operate any other business? Yes No
- 3. Is work done through or by any affiliated or related companies? Yes No
- 4. Has Applicant or any affiliated, related or predecessor entity or any officer or owner of any of them ever been convicted of a crime? Yes No
- 5. Has Applicant or any affiliated, related or predecessor entity 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
- 6. Has Applicant or any affiliated, related or predecessor entity ever been or is currently the subject of bankruptcy, reorganization, solvency, dissolution, or other debtor related proceeding, or has it made an assignment for the benefit of creditors? Yes No
- 7. Has Applicant or any affiliated, related or predecessor entity currently involved in any litigation, administration, or arbitration proceeding(s) or subject to any court or agency order of injunction? Yes No
- 8. Has Applicant or any affiliated, related, or predecessor entity 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
- 9. 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
- 10. 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? **THESE SERVICES, REPORTS, AND OPINIONS ARE NOT COVERED!** Yes No

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

- 11. Is pest control operation a full-time business for Applicant? Yes No
If no, what is primary occupation? _____
- 12. Do you sell pesticides in a retail operation? Yes No
- 13. Do you reformulate or repackage pesticides for retail use? Yes No
- 14. Does Applicant perform any non-pest control services such as Janitorial, Carpentry, Excavation/Grading, Insulation, Roofing, Plumbing or General Construction? Yes No
If yes, please list: _____
- 15. Does Applicant get Certificates of insurance from all sub-contractors? Yes No
- 16. Is Applicant an Additional Insured on any sub-contractors policies? Yes No
- 17. Does Applicant obtain a Waiver of Subrogation from all sub-contractors? Yes No

PHYSICAL LOCATIONS, DESCRIPTION OF OPERATIONS & GROSS RECEIPTS

PHOTOCOPY THIS PAGE TO LIST ADDITIONAL LOCATIONS

Please give 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:

ESTIMATED RECEIPTS FOR ALL LOCATIONS: \$ _____

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.

Location 1: Address _____

City _____ State _____ Zip _____

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

General Household Pest Control \$ _____

Termite Control \$ _____

includes treatments, annual renewal inspections, and damage repair services

Termite Inspections (WDI/O Reports) without Treatment \$ _____

Inspections for real estate transactions and/or refinancing only; does not include annual renewal inspections for structures under contract where treatments were performed by you.

Estimated number of Real Estate Inspections per year _____ Average cost per inspection \$ _____

Fumigation \$ _____

Fumigation operations of any kind, whether direct/in-house or subcontracted, require completion of the FUMIGATION SUPPLEMENTAL APPLICATION.

Wildlife Control \$ _____

What type of animals are controlled/trapped? _____

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

Lawn & Ornamental

Herbicide Spraying \$ _____ Landscape Gardening \$ _____ Lawn Maintenance \$ _____

Subcontracted Services

Please list services subcontracted: _____

\$ _____ Gross Receipts

\$ _____ Cost of Subcontractor

\$ _____ Net Receipts

Other Types of Work and Receipts

Please list: _____

Total Estimated Gross Receipts for Location 1: \$ _____

Limits Desired (Limits may not be available in all states)

- \$100,000 per Occurrence/Aggregate
- \$100,000 per Occurrence/\$300,000 Aggregate
- \$200,000 per Occurrence/\$300,000 Aggregate
- \$300,000 per Occurrence/\$600 Aggregate
- \$350,000 per Occurrence/Aggregate
- \$500,000 per Occurrence/Aggregate
- \$500,000 per Occurrence/\$1,000,000 Aggregate
- \$1,000,000 per Occurrence/Aggregate
- \$1,000,000 per Occurrence/\$2,000,000 Aggregate
- \$1,000,000 per Occurrence/\$3,000,000 Aggregate

Deductible (Deductibles may not be available in all states)

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

Other Deductible amounts considered upon request.

Current Coverage

Current Premium \$ _____ Current Carrier _____

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 attached to application.

<u>Policy Year</u>	<u>Carrier</u>	<u>Premium</u>	<u>Date of Loss</u>	<u>Amount Incurred</u>	<u>Description of Loss</u>

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

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, or VA, insurance benefits may also be denied).

Broker/Agent

Applicant

Date

Date