

# BROWNYARD GROUP

- New Business
- RENEWAL

21 Maple Avenue • PO Box 9175 • Bay Shore, NY 11706-9175 • www.brownyard.com  
Call Toll Free (800) 645-5820 • in NY (631) 666-5050 • Fax: (631) 666-5723 • info@brownyard.com

**NOTE: All Questions Must Be Answered**



## LIABILITY APPLICATION FOR PEST CONTROL PROGRAM

1. NAME:  
(COMPLETE NAME AS IT SHOULD APPEAR ON THE POLICY, INCLUDING INC., CORP., LTD., ETC.)
2. Physical Address:  
NO. STREET CITY COUNTY STATE ZIP
3. Mailing Address:  
NO. STREET CITY COUNTY STATE ZIP
4. Policy proposed effective date to (12:01 AM Standard Time at the address above)
5. Check limit of liability desired:  \$300,000  \$500,000  \$1,000,000  Excess (needs Brownyard Umbrella application)
6. Phone: Fax:
7. Email: Website:
8. How did you hear about us?  Web surfing  Ad in which publication:  Other:
9. Date established:  Corporation  Partnership  Individual  Other:
10. Federal ID Number: License Number:
11. Person to contact: Title:
12. Total number of employees: Clerical: Techs: Outside Sales:
13. Describe training program now in force for non-certified employees:
14. Does training program include a minimum of 4 weeks of on-the-job training with a supervisor?  Yes  No
15. Do you mix chemicals of others and place your labels on them?  Yes  No If yes, please give details:
16. What instructions or warnings do you provide at the time of application?
17. Do you make follow-up visits after a pest treatment?  Yes  No If yes, how long after treatment?
18. Do you make follow-up phone calls after a pest treatment?  Yes  No If yes, how long after treatment?
19. Have you ever performed treatments or inspections to homes constructed with any type of exterior insulation finishing system or synthetic stucco system?  Yes  No If yes, number of homes treated:  
If no, how do you avoid treating such structures:
20. Do you provide pre-treatments to new structures?  Yes  No Chemical(s) used for pre-treatments:
21. Are technicians specially trained for pre-treatment work?  Yes  No
22. Are label directions for application and chemical amount strictly followed?  Yes  No
23. Do you provide WDO/WDI inspections?  Yes  No
  - a. Average amount of time spent performing a pest inspection: hours minutes
  - b. Number of inspections done annually for real estate closings:
24. List your (3) largest clients: 1  
2  
3

25. Indicate the percentage of the type of clients you serve (must equal 100%):
- |                         |  |
|-------------------------|--|
| % Commercial/Industrial | % Residential  |
| % Food Processors       | % Restaurants  |
| % Municipalities        | % Hospitals/Healthcare Facilities ( <i>must complete 25A</i> ) |
| % Pre-Treatments        | % Schools/Daycare Centers ( <i>must complete 25B</i> )         |
| % Other (Describe):     |  |

**25A. HOSPITALS/HEALTHCARE FACILITIES SUPPLEMENTAL QUESTIONS:**

- Are treatments provided *inside* facility?  Yes  No If Yes, please check each of the following areas within the facility that are treated and if baits or liquids are used in each area:
 

<input type="checkbox"/> Kitchen	<input type="checkbox"/> Bait	<input type="checkbox"/> Liquid	<input type="checkbox"/> Operating Rooms	<input type="checkbox"/> Bait	<input type="checkbox"/> Liquid
<input type="checkbox"/> Patient Rooms	<input type="checkbox"/> Bait	<input type="checkbox"/> Liquid	<input type="checkbox"/> Maternity Suites	<input type="checkbox"/> Bait	<input type="checkbox"/> Liquid
<input type="checkbox"/> Waiting Area	<input type="checkbox"/> Bait	<input type="checkbox"/> Liquid	<input type="checkbox"/> Intensive Care Units	<input type="checkbox"/> Bait	<input type="checkbox"/> Liquid
<input type="checkbox"/> Nursery	<input type="checkbox"/> Bait	<input type="checkbox"/> Liquid	<input type="checkbox"/> Administrative	<input type="checkbox"/> Bait	<input type="checkbox"/> Liquid
<input type="checkbox"/> Examination Rooms	<input type="checkbox"/> Bait	<input type="checkbox"/> Liquid	<input type="checkbox"/> Labs	<input type="checkbox"/> Bait	<input type="checkbox"/> Liquid
- How often are *indoor* treatments provided?
- If *outdoor* treatments are provided, how often are they provided and what type of chemical is used?
- How long have you been providing services to current Hospital/Healthcare facility client?

**25B. SCHOOL/DAYCARE SUPPLEMENTAL QUESTIONS:**

- List the names of school/daycare clients:
- Do you currently treat inside these facilities?  Yes  No
- Have you ever in the past treated inside these facilities?  Yes  No
- What chemical/products are utilized?
- List the areas of treatment, inside facility:
- List the precautions and/or restrictions that are taken when treating for these type of clients:
- Has Dursban *ever* been applied inside these type facilities?  Yes  No
- How long have you been treating these type facilities?

26. Sales And Chemical Information <b>(Must be Completed)</b>	Estimated Gross Receipts	Estimated Gross Payroll	Chemicals/Products or Baiting Systems Utilized
A. Service as WDO/WDI Inspector only	\$	\$	
B. Extermination:			
• Insects	\$	\$	
• Rodents	\$	\$	
• Termites	\$	\$	
• Mosquitoes	\$	\$	
• Bedbugs	\$	\$	
C. Landscape Gardening, Mowing, Pruning, Repairing, etc.		\$	
D. Tree/Shrub or Lawn Spraying, Dusting, etc.	\$	\$	
E. Fumigation	\$	\$	
F. Radon Testing	\$	\$	
G. Other Operations (Specify):	\$	\$	
			<i>Cost (actual amount paid to subcontractor):</i>
H. Subcontracted Work	\$	\$	

27. Do you own or operate any other enterprise?  Yes  No If yes, please provide details of operations and advise if insured separately:

28. Are any persons performing services under your name as Independent Contractors?  Yes  No If yes, please describe operation and relationship:

29. a. General liability insurer and claims history for past three years. *(Even if there are no losses, please provide insurer history.)*

Company	Policy No.	Policy Dates	Limits of Liability	Deductible	Premium	No. of Claims	Loss Reserve Amount

b. Name of present Insurance Company:

Expires on:

c. Has insurance ever been cancelled or non-renewed?  Yes  No If yes, explain:

30. Describe procedures for disposal of empty containers and disposal of unused products:

31. Describe all spill control procedures:

32. **Do you engage in any drilling operations as regards to pesticide applications?  Yes  No If yes, what precautions are taken to avoid drilling into service lines (i.e. gas, water, oil, etc.)?**

33. IF TERMITE BAITING SYSTEMS ARE USED, PLEASE COMPLETE THE FOLLOWING SECTION:

A. Brand of baiting system:

B. Are customers told or given written guidelines explaining the time frame between bait transfer and colony elimination?  Yes  No

C. Are technicians trained by system manufacturer as to the use of the baiting system?  Yes  No If no, what type of training do they receive:

D. Is there a written log to confirm that the technician acted in accordance with the manufacturer specifications and instructions on all accounts?  Yes  No

NOTICE TO APPLICANTS EXCEPT: AR, CO, FL, KY, OH, OK, PA, NJ & NY:

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

NOTICE TO ARKANSAS APPLICANTS ONLY:

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

NOTICE TO COLORADO ONLY:

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 ONLY:

Any person who knowingly and with intent to defraud any insurance company or other person 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 KENTUCKY AND PENNSYLVANIA ONLY:

Any person who knowing and with intent to defraud any insurance company or other person files an application for insurance 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 subject the person to criminal and civil penalties.

NOTICE TO OHIO ONLY:

Any person who, with intent to defraud or knowing that he 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 ONLY:

WARNING: Any 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 NEW JERSEY ONLY:

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW YORK ONLY:

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.

NOTE: THIS APPLICATION MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN OR CEO OF THE APPLICANT ACTING AS THE AUTHORIZED AGENT OF THE PERSON(S) AND ENTITY(IES) PROPOSED FOR THIS INSURANCE.

_____				
APPLICANT'S SIGNATURE	TITLE		DATE	
BROKER'S NAME	ADDRESS	CITY	STATE	ZIP
TELEPHONE	FAX	EMAIL		