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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 _____
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 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 the Applicant had a foreclosure, repossession, bankruptcy or filed for bankruptcy during the last five (5) years? If yes, more information may be required. ☐ Yes ☐ No
3. 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
4. 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
5. 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.

6. Is pest control operation a full-time business for Applicant? ☐ Yes ☐ No
If no, what is primary occupation? _____
7. 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: _____
8. 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.

9. Please list product(s) used: For Termite, Rodent, Fumigation, Other _____
10. 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)

- | | |
|---|---|
| <input type="checkbox"/> \$100,000 per Occurrence/Aggregate | <input type="checkbox"/> \$1,000,000 per Occurrence/\$2,000,000 Aggregate |
| <input type="checkbox"/> \$100,000 per Occurrence/\$300,000 Aggregate | <input type="checkbox"/> \$1,000,000 per Occurrence/\$3,000,000 Aggregate |
| <input type="checkbox"/> \$200,000 per Occurrence/\$300,000 Aggregate | <input type="checkbox"/> \$1,000,000 per Occurrence/\$4,000,000 Aggregate |
| <input type="checkbox"/> \$300,000 per Occurrence/\$600 Aggregate | <input type="checkbox"/> \$1,000,000 per Occurrence/\$5,000,000 Aggregate |
| <input type="checkbox"/> \$350,000 per Occurrence/Aggregate | <input type="checkbox"/> \$2,000,000 per Occurrence/Aggregate |
| <input type="checkbox"/> \$500,000 per Occurrence/Aggregate | <input type="checkbox"/> \$2,000,000 per Occurrence/\$3,000,000 Aggregate |
| <input type="checkbox"/> \$500,000 per Occurrence/\$1,000,000 Aggregate | <input type="checkbox"/> \$2,000,000 per Occurrence/\$4,000,000 Aggregate |
| <input type="checkbox"/> \$1,000,000 per Occurrence/Aggregate | <input type="checkbox"/> \$2,000,000 per Occurrence/\$5,000,000 Aggregate |
| | <input type="checkbox"/> HIGHER LIMITS REQUIRED <u>Please Contact Our Office</u> |

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
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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
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Is this location inside the city limits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	County/Parish	
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Is this your primary location?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
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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))	\$
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Mosquito Control	\$
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What type of mosquito control	
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Wildlife Control	\$
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What procedures, products, methods, & equipment (including the use of firearms) are used in controlling/trapping and in the release/extermination/disposal of animals?	
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Retail Sales of Pest Products	\$
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Bed Bugs	<input type="checkbox"/> IPM/Other	\$	<input type="checkbox"/> Dry Heat	\$
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If any services or receipts are listed for Bed Bugs (IPM or Dry Heat) a LIPCA approved bed bug customer contract must be issued to all bed bug customers.

2. Termite Services

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

Receipts

Termite Treatment	\$
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Moisture Control	\$
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Repairs/Carpentry	\$
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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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Total Number of Paid Inspections/yr.		If yes, how many?	
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Total Receipts (cost X number of inspections)	\$
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4. Lawn & Ornamental

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

Receipts

Receipts

Herbicide Spraying/Weed Control \$ _____
Right of Way \$ _____
Lawn Care \$ _____
Aquatic Spraying \$ _____

Irrigation \$ _____
Other (Describe) \$ _____
\$ _____

- 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

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.

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 _____

Please list names of your fumigation subcontractors: _____

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

Date

Applicant (Signature must be obtained before binding)

Date (Date must be obtained before binding)