



 **Question about this document?**

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 **IMPORTANT: Sign & Return Document**

NO COVER PAGE NEEDED
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 WE'LL CONFIRM RECEIPT

Pest Control Questionnaire

Policy Number: _____

Applicant's name _____	Phone _____
Address _____	
Street	City
State	Zip
Applicant's website address _____	Contact's email address _____

GENERAL INFORMATION

PEST CONTROL INDUSTRY EXPERIENCE

- 1) How long have you been in business? _____
- 2) If this is a new venture, how many years have you worked for other pest control businesses? _____
- 3) Are you a member of any trade organizations? Yes No
 If yes, please list: _____
- 4) In what state(s) do you conduct business? _____
- 5) What percentage of your work is: Commercial? _____ % Residential? _____ %
- 6) Please indicate the number of employees: Full-time _____ Part-time _____
 "Employees" include: Sole proprietors, Partners, Executive Officers, Seasonal employees, Part-time employees, Full-time employees.
- 7) What pre-employment screening is used? Please explain: _____
- 8) PLEASE PROVIDE A COPY OF YOUR CUSTOMER CONTRACT & 5 YEARS CURRENT LOSS RUNS

PEST CONTROL INFORMATION

- 1) Do you hold a license and/or certification for application of pesticides or herbicides? Yes No
- 2) Please check the box in front of any pest control services that are provided and indicate what percentage that service makes up of the total operation and its annual sales:

<input type="checkbox"/> General Pest Control (Insect & Rodent)	_____ %	\$ _____	Annual Sales
<input type="checkbox"/> Termite Control	_____ %	\$ _____	Annual Sales
<input type="checkbox"/> Fumigation	_____ %	\$ _____	Annual Sales
<input type="checkbox"/> Lawn Care Service	_____ %	\$ _____	Annual Sales
<input type="checkbox"/> Tree Care Services	_____ %	\$ _____	Annual Sales
<input type="checkbox"/> Animal Trapping	_____ %	\$ _____	Annual Sales
<input type="checkbox"/> Agricultural Crop Spraying	_____ %	\$ _____	Annual Sales
<input type="checkbox"/> Commercial Non-Food	_____ %	\$ _____	Annual Sales
<input type="checkbox"/> Food Related	_____ %	\$ _____	Annual Sales
<input type="checkbox"/> Heat Treatment	_____ %	\$ _____	Annual Sales
<input type="checkbox"/> Mold Inspections	_____ %	\$ _____	Annual Sales
<input type="checkbox"/> Other _____	_____ %	\$ _____	Annual Sales



3) Do you perform any agricultural crop spraying? Yes No
 If yes, please describe: _____

4) Do you perform any treatment of private ponds, lakes, streams, or other bodies of water? Yes No

5) Are aircrafts used in any aerial spraying or dusting? Yes No

6) Are subcontractors used? Yes No
 If yes, for what? _____

7) Do you provide MSDS sheets to each customer and discuss the hazards that exist and the precautions that must be taken after the application? Yes No

SERVICE RECORDS

1) Do you have checklists for the technicians to use ensuring accurate chemical concentrations are used and company procedures are followed? Yes No

2) Do customer records include dates of past and current service? Yes No

3) Are accidents and complaints documented, and are employees trained in handling them? Yes No

4) How many gallons of pesticides are kept on hand at one time? _____ Gallons
 Where are the pesticides stored? _____

Surrounding Exposures

North _____ Distance from storage building _____

South _____ Distance from storage building _____

East _____ Distance from storage building _____

West _____ Distance from storage building _____

5) Are all technicians licensed and certified? Yes No

6) Do you provide WDI (wood destroying insect) or WDO (wood destroying organism) inspections?
 If yes, how many a year? _____

7) Do you sell chemicals that are applied through an irrigation system? Yes No

8) Have you ever received a fine, forfeiture or disciplinary action (including but not limited to license revocation or suspension, a cease and desist notice or other administrative order from a governmental entity)? If so, please explain.

9) How are excess pesticides disposed of? _____

10) Do you have a formal safety program? (If yes please provide copy) Yes No

11) Do you conduct regular safety meetings with all technicians? Yes No

12) Does any part of your business include retail store operations? Yes No
 If yes, please explain types of items sold _____

The information I have provided is true and accurate to the best of my knowledge. I have not willfully concealed or misrepresented any material fact(s) or information. I understand completion of this questionnaire does not compel the company to provide coverage.			
_____	Applicant's Signature	_____	Date
_____	Agent's Signature	InsureCLE.com 34-424	Agency Name
_____	_____	_____	Date