



Mid Valley General Agency LLC  
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## EXTERMINATORS GENERAL LIABILITY APPLICATION

Applicant's Name: \_\_\_\_\_  
 \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_

Agency Name: \_\_\_\_\_  
 Agent No.: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_

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

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

**Applicant is:**     Individual                       Corporation                       Partnership                       Joint Venture  
                           Limited Liability Company                       Other (Specify): \_\_\_\_\_

**Limits Of Liability and Deductible Requested:**

General Aggregate (other than Products/Completed Operations)	\$
Products and Completed Operations Aggregate	\$
Personal and Advertising Injury (any one person or organization)	\$
Each Occurrence	\$
Damage To Premises Rented To You (any one premise)	\$
Medical Expense (any one person)	<input type="checkbox"/> \$5,000 (included) <input type="checkbox"/> Other: \$
In-Transit Pollution Coverage	\$25,000/\$100,000 (included)
Lost Key Coverage	\$25,000/\$25,000 (included)
Pesticide/Herbicide Applicator Coverage (Included up to GL limits)	\$
Property Damage Extension (CCC) (Included for limits equal to GL limits up to \$200,000/\$300,000)	Occurrence \$ Aggregate \$
Wood Destroying Organism Inspection Coverage	<input type="checkbox"/> \$25,000/\$100,000 (included) <input type="checkbox"/> \$50,000/\$100,000 <input type="checkbox"/> Other: \$
Other Coverages, Restrictions, and/or Endorsements: _____ _____	\$
Deductible	\$

Website Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**1. Location Of Operations:**

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

2. How long has applicant been in business? \_\_\_\_\_ years  Full-time  Part-time

**3. Employee Data:**

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

4. 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: \_\_\_\_\_

**5. Description Of Operations:**

Operation	Sales	Percentage of Gross Sales
Termite Inspections without Treatment (do not include sales for renewal inspections where a previous treatment by applicant 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—Describe: _____	\$	%
<b>Total Sales</b>	<b>\$</b>	<b>100%</b>

6. Does applicant perform large animal control (such as alligators, bears, lions)? .....  Yes  No

If yes, explain: \_\_\_\_\_

7. Does applicant exterminate other than insects or small household pests? .....  Yes  No

If yes, explain: \_\_\_\_\_

8. Does applicant perform bird control/extermination at or near airports? .....  Yes  No
9. Does applicant install and/or repair insecticide misting systems?.....  Yes  No
10. Does applicant perform radon testing?.....  Yes  No

If yes, describe the procedure: \_\_\_\_\_

Who performs the analysis? \_\_\_\_\_

If yes, describe: \_\_\_\_\_

11. Does applicant eliminate pests by:
- a. Igniting flammable substances?.....  Yes  No
- b. Use of guns? .....  Yes  No
- c. Use of explosives? .....  Yes  No
12. Does applicant inspect for mold?.....  Yes  No
13. Does applicant advise clients if he/she does not inspect for mold?.....  Yes  No
14. Does applicant perform any mold or spore remediation? .....  Yes  No
15. Does applicant subcontract mold remediation? .....  Yes  No

16. Additional Insured Information:

Name	Address	Interest

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

If yes, explain: \_\_\_\_\_

18. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?.....  Yes  No

If yes, describe: \_\_\_\_\_

19. Does applicant have other business ventures for which coverage is not requested?.....  Yes  No

If yes, explain and advise where insured: \_\_\_\_\_

20. Prior Carrier Information:

	Year:	Year:	Year:
Carrier			
Policy No.			
Coverage			
Total Premium			

**21. 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.  Check if no losses in the last three years.

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

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. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA 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.

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

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

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRODUCER'S ADDRESS: \_\_\_\_\_

**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.