



SCOTTSDALE INSURANCE COMPANY®

Home Office:

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Administrative Office:

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Exterminators General Liability Application

Applicant's Name, Mailing Address, Web Site Address

Agency Name, Agent, Address, E-Mail, Phone

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

Applicant is: Individual, Corporation, Partnership, Joint Venture, Limited Liability Company, Other (Specify):

LIMITS OF LIABILITY REQUESTED

Table with columns for liability type and amount. Rows include General Aggregate, Products & Completed Operations Aggregate, Personal & Advertising Injury, Each Occurrence, Fire Damage, Medical Expense, Lost Key Coverage, Property Damage Extension, Wood Destroying Organism Inspection, Other, and Deductible.

LOCATION OF OPERATIONS

Table with columns for Street & City, State, and License Number. Includes checkboxes for 'same as mailing address'.

- 1. How long has applicant been in business? years Full-time Part-time
2. Does applicant exterminate other than insects or small household pests? Yes No
If yes, please explain:

3. Does applicant perform bird control/extermination at or near airports? Yes No

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: _____

DESCRIPTION OF OPERATIONS

Operation	Sales	Percentage of Operation
Termite Inspections without Treatment (do not include sales for renewal inspections where a previous treatment by you 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—Please Describe:	\$	%
Total Sales	\$	100%

5. Does applicant perform radon testing? Yes No

If yes, describe the procedure: _____

Who performs the analysis? _____

6. Do any operations involve propane, oxygen or heat? Yes No

If yes, describe: _____

7. Does applicant inspect for mold? Yes No

8. Does applicant advise clients that he does or does not inspect for mold? Yes No

9. Does applicant perform any mold remediation? Yes No

10. Does applicant subcontract mold remediation? Yes No

EMPLOYEE DATA

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

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

If yes, please explain: _____

PRIOR INSURANCE AND 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 See loss run attached

Year	Company	Policy No.	Premium	Paid Losses	Reserved Losses	Loss Description

ADDITIONAL INSURED INFORMATION

Name	Address

11. Does applicant have other business ventures for which coverage is not requested?..... Yes No
 If yes, explain and advise where insured: _____

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.

APPLICABLE IN THE STATE OF NEW YORK:

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.

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.

PRODUCER'S SIGNATURE: _____ DATE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____

(Applicable to Florida Agents Only.)

IOWA LICENSED AGENT: _____

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: _____

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.

ANSWER ALL QUESTIONS – IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE"