



**COLONY SPECIALTY INSURANCE
PEST CONTROL
SUPPLEMENTAL APPLICATION**

General Agent Name

Insured: _____ Date: _____

General Information

Payroll:

Owner/Partner-\$16,000 ea. \$ _____
Employee(s) \$ _____
Subcontractor Cost \$ _____
Total Payroll \$ _____

Receipts:

Pest Control \$ _____
Turf & Ornamental \$ _____
Other _____ \$ _____
Total \$ _____

Prohibited Operations:

- Aerial Pesticide Application
- Agricultural Plant/Animal Pest Control
- Aquatic Pest Control
- Crop Application
- Demonstrate/Research Pest Control
- Forest Pest Control
- Fumigation – Soil and Agricultural Products
- Wood Destroying Organism Pest Control (including termite work)
- Inspection work
- Fumigation – Non-Agricultural (TENTING)

Pest Control Questionnaire

Are you licensed? Yes No Type of License? _____ Years Licensed? _____

- Types of applicator licenses and active license number owner and employees hold: _____
- Describe the Owner/Partners prior pest control experience: _____
- Have you had any environmental/agriculture violations: _____
- Has your firm ever had their pesticide applicator license revoked or suspended? Yes No
If yes, provide detailed reasons and the dates: _____
- List chemicals used that require certification or a permit by a regulatory body: _____

I hereby certify that all information is accurate to the best of my knowledge.

Applicant Signature: _____ Date: _____

Producer: _____ Date: _____