

**Scottsdale Insurance Company**  
 Home Office: One Nationwide Plaza  
 Columbus, Ohio 43215  
 Adm. Office: 8877 North Gainey Center Drive  
 Scottsdale, Arizona 85258

**Scottsdale Surplus Lines Insurance Company**  
 Adm. Office: 8877 North Gainey Center Drive  
 Scottsdale, Arizona 85258

**Scottsdale Indemnity Company**  
 Home Office: One Nationwide Plaza  
 Columbus, Ohio 43215  
 Adm. Office: 8877 North Gainey Center Drive  
 Scottsdale, Arizona 85258

1-800-423-7675 • Fax (480) 483-6752  
 www.scottsdaleins.com

## 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): \_\_\_\_\_

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

**LIMITS OF LIABILITY REQUESTED**

General Aggregate		\$
Products & Completed Operations Aggregate		\$
Personal & Advertising Injury		\$
Each Occurrence		\$
Fire Damage (any one fire)		\$
Medical Expense (any one person)		\$
Lost Key Coverage .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$25,000
Property Damage Extension (CCC)	Occurrence	\$
	Aggregate	\$
Wood Destroying Organism Inspection	Occurrence	<input type="checkbox"/> \$25,000 or <input type="checkbox"/> \$50,000
	Aggregate	\$100,000
Other		\$
Deductible		\$

**LOCATION OF OPERATIONS**

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

- How long has applicant been in business? \_\_\_\_\_ years  Full-time  Part-time
- Does applicant perform large animal control (such as alligators, bears, lions)? .....  Yes  No  
If yes, please explain: \_\_\_\_\_
- Does applicant exterminate other than insects or small household pests? .....  Yes  No  
If yes, please explain: \_\_\_\_\_
- Does applicant perform bird control/extermination at or near airports? .....  Yes  No
- Does applicant install and/or repair insecticide misting systems? .....  Yes  No
- 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:	\$	%
<b>Total Sales</b>	<b>\$</b>	<b>100%</b>

- Does applicant perform radon testing? .....  Yes  No  
If yes, describe the procedure: \_\_\_\_\_  
Who performs the analysis? \_\_\_\_\_
- Do any operations involve propane, oxygen or heat? .....  Yes  No  
If yes, describe: \_\_\_\_\_  
\_\_\_\_\_

9. Does applicant inspect for mold? .....  Yes  No
10. Does applicant advise clients that he does or does not inspect for mold? .....  Yes  No
11. Does applicant perform any mold remediation? .....  Yes  No
12. Does applicant subcontract mold remediation? .....  Yes  No

**EMPLOYEE DATA**

Category	Number
Owner(s) only	
Exterminators:	
Full-time	
Part-time	
<b>Total</b>	

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

13. 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.

**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.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**FRAUD WARNING (APPLICABLE IN TENNESSEE 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.

**FRAUD WARNING 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.

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

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(Must be signed by an active owner, partner or executive officer)

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

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.