PEST CONTROL OPERATOR SUPPLEMENTAL

Complete with CWCO-SUP-CORE and ACORD 125/126. Attach CWCO-SUP-AUTO or CWCO-SUP-HNOA for route/service vehicles. Attach applicator licenses and a sample WDO/WDI inspection report.

NAMED INSURED	FEIN	STATE LICENSE NUMBER	EFFECTIVE DATE REQUESTED

MAILING ADDRESS	LOCATION ADDRESS	CITY / STATE / ZIP

CONTACT FOR INSPECTION / AUDIT	PHONE	EMAIL

A GENERAL UNDERWRITING

PRIOR INSURANCE CARRIER	PRIOR YEAR'S RECEIPTS ($)	PRIOR YEAR'S PREMIUM ($)

HOW LONG HAS THE APPLICANT BEEN IN BUSINESS?	IS THE OWNER ACTIVE IN THE BUSINESS?	OWNER'S DUTIES

A1 Have there been any changes in ownership, name, or business operations in the last three years? ☐ Yes ☐ No

IF YES, EXPLAIN

APPLICANT'S THREE LARGEST CLIENTS

% COMMERCIAL CUSTOMERS	% RESIDENTIAL CUSTOMERS	% GOVERNMENT / INSTITUTIONAL CUSTOMERS

A2 Is the applicant a member of the Pest Control Association? If yes, which state(s)? ☐ Yes ☐ No

IF YES, EXPLAIN

A3 Does the applicant engage in any business other than pest control? ☐ Yes ☐ No

IF YES, EXPLAIN

A4 Does the applicant provide services under any other business name? ☐ Yes ☐ No

IF YES, EXPLAIN

B SERVICES PROVIDED & REVENUE MIX

SERVICE LINE	ESTIMATED GROSS RECEIPTS ($)	ESTIMATED GROSS PAYROLL ($)	CHEMICALS / PRODUCTS / SYSTEMS UTILIZED

Service lines: WDO/WDI inspection only; extermination — insects; extermination — rodent; extermination — termites; extermination — mosquitoes/vector control; wildlife or nuisance animal trapping/removal; bed bug treatment; landscape gardening, pruning, repairing; tree/shrub or lawn spraying, dusting; fumigation; radon testing; other (specify).

SUBCONTRACTED WORK — ESTIMATED RECEIPTS ($)	COST — ACTUAL AMOUNT PAID TO SUBCONTRACTORS ($)

B1 Does the applicant engage in retail sale of chemicals? If yes, what is the total volume of retail sales? ☐ Yes ☐ No

IF YES, EXPLAIN

C APPLICATOR LICENSING & CERTIFICATION

LICENSE / CERTIFICATION CATEGORY	LICENSE NUMBER	STATE(S)	EXPIRATION DATE

Categories: general pest control; termite / WDO-WDI; structural fumigation; wood-destroying organism inspector; aquatic / mosquito / vector control; right-of-way / ornamental & turf; wildlife damage control; other.

C1 Are all technicians who apply pesticides either certified applicators or working under the direct, on-site supervision of a certified applicator, as required by state law? ☐ Yes ☐ No

IF YES, EXPLAIN

C2 Does the applicant maintain current continuing education and recertification for all certified applicators? ☐ Yes ☐ No

IF YES, EXPLAIN

C3 Has any applicator license held by the applicant or any employee ever been suspended, revoked, or subject to disciplinary action by a state regulatory agency? ☐ Yes ☐ No

IF YES, EXPLAIN

D WDO / WDI INSPECTIONS & REAL ESTATE TRANSACTIONS

Wood-destroying organism inspection reports relied upon in real estate closings are the leading professional liability exposure in this class.

D1 Does the applicant provide WDO / WDI inspections? ☐ Yes ☐ No

IF YES, EXPLAIN

AVERAGE TIME SPENT PERFORMING A PEST INSPECTION (HRS/MIN)	NUMBER OF INSPECTIONS DONE ANNUALLY FOR REAL ESTATE CLOSINGS	PROFESSIONAL LIABILITY / E&O LIMIT REQUESTED ($)

D2 Is a standardized written inspection report or checklist used for every WDO/WDI inspection? ☐ Yes ☐ No

IF YES, EXPLAIN

D3 How long does the applicant maintain records on work performed and inspection reports issued? ☐ Yes ☐ No

IF YES, EXPLAIN

D4 Has the applicant ever performed treatments or inspections to homes constructed with any type of exterior insulation finishing system (EIFS) or synthetic stucco? ☐ Yes ☐ No

IF YES, EXPLAIN

If yes to D4, state the number of homes treated in the explanation field. If no, describe how such structures are identified and avoided.

D5 Has the applicant ever been named in a claim or dispute arising from a real estate transaction where a WDO/WDI report was relied upon? ☐ Yes ☐ No

IF YES, EXPLAIN

E TERMITE TREATMENT & BAITING SYSTEMS

Complete if the applicant performs termite treatment. Otherwise skip to Section F.

Treatment method(s) used:

☐ Liquid soil treatment ☐ Baiting system ☐ Both ☐ Fumigation only

BRAND OF BAITING SYSTEM (IF USED)

TREATMENT WARRANTY / RENEWAL PROGRAM OFFERED?

E1 Are customers told or given written guidelines explaining the time frame between bait transfer and colony elimination? ☐ Yes ☐ No

E2 Are technicians trained by the baiting system manufacturer as to proper use of the system? ☐ Yes ☐ No

IF YES, EXPLAIN

E3 Is there a written log confirming that the technician acted in accordance with manufacturer specifications and instructions on all accounts? ☐ Yes ☐ No

F FUMIGATION OPERATIONS

Complete if the applicant performs structural fumigation. Otherwise check 'no fumigation' and skip to Section G. Post-clearance re-entry incidents are the highest-severity exposure in this class.

Fumigation operations:

☐ No fumigation performed — skip section ☐ Structural fumigation performed

Fumigant(s) used:

☐ Sulfuryl fluoride (Vikane) ☐ Methyl bromide ☐ Other (describe below)

DESCRIBE THE FUMIGATION PROCESS, TARGET PESTS, AND TYPICAL STRUCTURE TYPES TREATED

NUMBER OF CERTIFIED FUMIGATORS ON STAFF

RESTRICTED USE PESTICIDE (RUP) LICENSE NUMBER(S)

YEARS OF FUMIGATION EXPERIENCE

F1 Is the structure fully evacuated of people, pets, and edible items sealed in airtight containers prior to fumigant introduction? ☐ Yes ☐ No

IF YES, EXPLAIN

F2 Is a warning agent (such as chloropicrin) used with odorless fumigants to alert occupants to accidental exposure? ☐ Yes ☐ No

F3 Are posted no-entry warning signs maintained at all points of access throughout the fumigation and aeration period? ☐ Yes ☐ No

IF YES, EXPLAIN

F4 Is a site-specific fumigation log maintained for every job, documenting dosage, hold time, and aeration? ☐ Yes ☐ No

IF YES, EXPLAIN

F5 Is fumigant concentration measured with a calibrated gas-detection device before clearance is issued, following label-specified re-entry thresholds? ☐ Yes ☐ No

IF YES, EXPLAIN

If yes to F5, identify the clearance device used and its calibration schedule in the explanation field.

F6 Is the minimum aeration and hold period specified on the product label followed for every job, adjusted for structure volume and temperature? ☐ Yes ☐ No

F7 Does a licensed fumigator personally certify re-entry safety before occupants are permitted back into the structure? ☐ Yes ☐ No

F8 Has the applicant ever had an incident involving unauthorized or early re-entry, occupant illness, or fumigant exposure after a structure was cleared? ☐ Yes ☐ No

IF YES, EXPLAIN

F9 Does the applicant perform commodity, container, or soil fumigation in addition to or instead of structural fumigation? ☐ Yes ☐ No

IF YES, EXPLAIN

G DRILLING & UNDERGROUND UTILITY PRECAUTIONS

G1 Does the applicant engage in any drilling operations in connection with pesticide application (e.g., slab injection for subterranean termites)? ☐ Yes ☐ No

IF YES, EXPLAIN

G2 Is a utility locate service (call-before-you-dig / 811) contacted before any drilling to avoid gas, water, electrical, or other service lines? ☐ Yes ☐ No

IF YES, EXPLAIN

WHAT PRECAUTIONS ARE TAKEN TO AVOID DRILLING INTO SERVICE LINES?

G3 Are warning signs posted at the treatment site prior to work being performed? ☐ Yes ☐ No

H CHEMICAL STORAGE & HANDLING

LIST THE CHEMICALS NORMALLY USED BY THE APPLICANT

H1 Does the applicant mix chemicals of others and place its own label on them? ☐ Yes ☐ No
IF YES, EXPLAIN

H2 Are chemicals stored and handled as received from the manufacturer, with no alteration prior to use or sale? ☐ Yes ☐ No
IF YES, EXPLAIN

How are chemicals stored?

☐ Aboveground tanks ☐ Underground tanks
☐ Manufacturer's original containers ☐ Other (describe below)

H3 Is customer access to chemical storage areas controlled? ☐ Yes ☐ No

H4 Are chemicals stored in a separate building or dedicated storage area? ☐ Yes ☐ No
IF YES, EXPLAIN

DESCRIBE PRECAUTIONS USED TO SECURE CHEMICALS AT THE APPLICANT'S BUSINESS LOCATION

MAXIMUM VOLUME OF CHEMICALS STORED AT BUSINESS LOCATION

MAXIMUM VOLUME OF CHEMICALS TYPICALLY STORED AT A CUSTOMER SITE

I CHEMICAL TRANSPORTATION

Chemical spills in transit are covered differently than a standard auto policy — this exposure exists regardless of collision.

RADIUS OF TRANSPORTATION OF CHEMICALS (MILES)

NUMBER OF VEHICLES USED TO TRANSPORT CHEMICALS

MAXIMUM VOLUME PER CONTAINER (E.G., 55-GALLON DRUM)

MAXIMUM TOTAL VOLUME STORED IN ANY ONE VEHICLE

DESCRIBE THE METHOD OF SECURING CHEMICAL CONTAINERS WHILE IN TRANSIT

I1 Does the applicant have a standard operating procedure for containment of chemicals in the event of an auto collision or vehicle overturn? ☐ Yes ☐ No
IF YES, EXPLAIN

I2 Is coverage requested for chemical leaks or spills in transit that occur without a collision or overturn (transit pollution)? ☐ Yes ☐ No
IF YES, EXPLAIN

Attach CWCO-SUP-AUTO or CWCO-SUP-HNOA for the complete vehicle and driver schedule.

J WILDLIFE & NUISANCE ANIMAL CONTROL

Complete only if the applicant offers wildlife trapping, exclusion, or removal services.

J1 Does the applicant provide wildlife or nuisance animal trapping, exclusion, or removal services? ☐ Yes ☐ No
IF YES, EXPLAIN

Species typically handled:

☐ Rodents ☐ Raccoons / opossums ☐ Bats
☐ Birds ☐ Snakes ☐ Other (describe below)

J2 Does the applicant hold all state and federal permits required for wildlife capture and relocation or euthanasia? ☐ Yes ☐ No
IF YES, EXPLAIN

J3 Does the applicant perform structural exclusion or repair work (sealing entry points, repairing soffits/vents) as part of wildlife service? ☐ Yes ☐ No
IF YES, EXPLAIN

K PERSONNEL & TRAINING

CLERICAL EMPLOYEES	TECHNICIANS	SALES	TOTAL EMPLOYEES

ANNUAL PAYROLL ($)	ARE BACKGROUND CHECKS PERFORMED ON ALL EMPLOYEES PRIOR TO HIRE?

WHAT TRAINING IS PROVIDED FOR NON-CERTIFIED EMPLOYEES?

K1 Does the training program include a minimum of four weeks of on-the-job training with a supervisor? ☐ Yes ☐ No

K2 Are new employees supervised in the field until training is complete? ☐ Yes ☐ No

L SUBCONTRACTORS

L1 Does the applicant use subcontractors? ☐ Yes ☐ No

IF YES, EXPLAIN

DESCRIBE PROCEDURES USED TO ENSURE SUBCONTRACTORS ARE ADEQUATELY INSURED AND SUPPLY PROOF OF INSURANCE TO THE APPLICANT

L2 Is the applicant named as additional insured on subcontractors' general liability policies? ☐ Yes ☐ No

IF YES, EXPLAIN

M COVERAGE REQUESTED

General liability limit desired:

☐ $300,000 ☐ $500,000 ☐ $1,000,000 ☐ Excess / umbrella (requires ACORD a…

GENERAL LIABILITY DEDUCTIBLE (MINIMUM $1,000) ($)	PROFESSIONAL LIABILITY / E&O LIMIT REQUESTED ($)	JOB-SITE / SUDDEN & ACCIDENTAL POLLUTION LIMIT REQUESTED ($)

Additional coverages requested:

☐ Transit / road spill pollution liability ☐ Limited job-site pollution cleanup ☐ Mobile equipment liability

☐ Employee benefits liability ☐ Umbrella / excess liability ☐ Equipment / inland marine floater

Additional insured endorsements requested:

☐ Blanket additional insured — ongoing operations ☐ Blanket additional insured — completed operations

☐ Waiver of subrogation ☐ Per-project aggregate

☐ Primary and noncontributory ☐ Designated insured (describe interest below)

DESIGNATED INSURED — DESCRIBE INTEREST

N PRIOR INSURANCE & LOSS HISTORY

Attach currently-valued loss runs for the last 5 years.

POLICY TERM	CARRIER	LINE OF COVERAGE	ANNUAL PREMIUM	# CLAIMS	TOTAL INCURRED

N1 Has any carrier declined, cancelled, or non-renewed coverage for this operation in the last 5 years? ☐ Yes ☐ No

IF YES, EXPLAIN

N2 Is the applicant aware of any incident, complaint, or circumstance involving treatment, inspection, or chemical application that could reasonably give rise to a claim and has not been reported? ☐ Yes ☐ No

IF YES, EXPLAIN

NARRATIVE FOR EACH LOSS OVER $25,000 — CAUSE, CORRECTIVE ACTION TAKEN, AND CURRENT STATUS

O ADDITIONAL INFORMATION

ANYTHING ELSE AN UNDERWRITER SHOULD KNOW — INDUSTRY CERTIFICATIONS, EQUIPMENT MANUFACTURER RELATIONSHIPS, OR PLANNED CHANGES

P REPRESENTATIONS & SIGNATURE

The undersigned declares that the statements and answers given in this supplemental are true, complete and correct to the best of their knowledge, and that no material fact has been withheld or misstated. The applicant agrees that this supplemental, together with all ACORD applications and attachments, forms the basis of any submission to insurers and may be relied upon by them. Signing this supplemental does not bind coverage. The undersigned represents that all applicators are licensed and trained in accordance with applicable state and federal pesticide regulations, and that fumigation operations, if performed, follow all label-specified re-entry and clearance procedures.

FRAUD NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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. (State-specific fraud warnings apply; see state amendatory notice.)

APPLICANT / AUTHORIZED SIGNATURE (TYPE FULL NAME)	TITLE	DATE

PRODUCER — CORY WASHINGTON & CO. LLC	PRODUCER SIGNATURE (TYPE FULL NAME)	DATE