

**SEND ALL SUBMISSIONS TO:**

**LIPCA INSURANCE GROUP – Program Administrator**

3042 Old Forge Dr, Ste A • Baton Rouge, La. • 70808

225-927-3283 • 800-893-9887 • 225-927-3295 (Fax)

Email address: [Info@LIPCA.com](mailto:Info@LIPCA.com)

## FUMIGATION SUPPLEMENTAL PART

**Must Be Completed and Signed by Applicant and Producer if Fumigation of Any Type is Performed**

**N. FUMIGATION CONTRACTING SERVICES - \$ OF RECEIPTS**

Check types of contracting services Applicant provides, and provide the estimated contract volume during the next twelve (12) months for each.

|   |          |
|---|----------|
| <input type="checkbox"/> Structures and Buildings |          |
| Residential                                       | \$ _____ |
| Commercial  | \$ _____ |
| <input type="checkbox"/> Commodity                | \$ _____ |
| <input type="checkbox"/> Ships / Barges           | \$ _____ |
| <input type="checkbox"/> Aircraft                 | \$ _____ |
| <input type="checkbox"/> Agricultural Equipment   | \$ _____ |
| <input type="checkbox"/> Other (describe)         | \$ _____ |

Fumigants Used:

|   |
|---|
| <input type="checkbox"/> Vikane         |
| <input type="checkbox"/> Methyl Bromide |
| <input type="checkbox"/> Other _____    |
| <input type="checkbox"/> Other _____    |

Total Direct Fumigation Receipts: \$ \_\_\_\_\_

Total Subcontracted Fumigation Receipts: \$ \_\_\_\_\_

Cost of Subcontractor: \$ \_\_\_\_\_

Net Receipts (Profit): \$ \_\_\_\_\_

**FUMIGATION CONTRACTORS – SECURITY PROVIDED**

Security and Safeguard Service is provided continuously from acceptance of risk by Applicant until released back to owner.  
Describe Acceptance and Return Procedure: \_\_\_\_\_

Attach copy of Certificate of Insurance from Security/Safeguard service.

Are Locks and 24 Hour On Site Security required by state law or regulation?  Yes  No

**CURRENT EMPLOYEE LIST INVOLVED WITH FUMIGATION; IF NONE, SO STATE**

| OWNER, OFFICERS & EMPLOYEE NAME | YEARS EMPLOYED | APPLICATOR LICENSE NUMBER | STATE | EXPIRATION DATE | CATEGORIES LICENSED |
|---------------------------------|----------------|---------------------------|-------|-----------------|---------------------|
|                                 |                |                           |       |                 |                     |
|                                 |                |                           |       |                 |                     |
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|                                 |                |                           |       |                 |                     |

**APPLICANT'S SIGNATURE**

Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and (NY: Substantial) civil penalties. (Not applicable in CO, HI, NE, OH, OK, or VT: in DC, LA, ME and VA, insurance benefits may also be denied)

By acceptance of an insurance policy based on this application, the Insured agrees that the statements in this application are the Insured's representations, that they shall be deemed material and that the insurance policy is issued in reliance upon the truth of such representations, and that the insurance policy embodies all agreements existing between the Insured and the Company, or any of its agents, relating to this insurance. Insured also acknowledges that this application, including all statements and representations contained therein, will be incorporated herein and made a part of the policy.

**Applicant's Signature:** \_\_\_\_\_ **Date:** / /

**Producer's Signature:** \_\_\_\_\_ **Date:** / /