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## PEST CONTROL OPERATOR GENERAL LIABILITY APPLICATION

**INSTRUCTIONS:** This entire Application must be completed. Read all questions carefully and provide complete answers. Failure to provide complete information will result in delay in consideration of this Application. This Application is NOT an insurance policy and the COMPANY affording coverage reserves the right to reject any application for any reason. If additional space is needed, attach details to Application on a separate sheet of paper.

### BROKER / AGENT INFORMATION

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County/Parish \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Agency Website \_\_\_\_\_  
Producer Name \_\_\_\_\_ Email \_\_\_\_\_ Cell \_\_\_\_\_  
CSR Name \_\_\_\_\_ Email \_\_\_\_\_  
Federal ID or Social Security # \_\_\_\_\_ National Producer Database # \_\_\_\_\_

### APPLICANT INFORMATION

Applicant Name, if Sole Proprietor \_\_\_\_\_  
Company Name or DBA \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County/Parish \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Cell \_\_\_\_\_  
Email \_\_\_\_\_ Contact Name \_\_\_\_\_  
Federal ID or Social Security # \_\_\_\_\_ Applicant Web Site \_\_\_\_\_  
Business Type:  Sole Proprietorship  Partnership  Corporation  LLC  Other \_\_\_\_\_  
Name of Licensed Pest Control Operator/Applicator \_\_\_\_\_ License # \_\_\_\_\_  
Date your current policy expires or when you want the new policy to be effective \_\_\_\_\_  
How many years experience does the licensed operator/applicator have in the pest control industry? \_\_\_\_\_  
How long have you owned this company? \_\_\_\_\_ (If in business less than 3 years, name and location of previous pest control employer \_\_\_\_\_ )  
Are you a member of any pest control association?  Yes  No If yes, which one(s)? \_\_\_\_\_  
Number of Employees: Pest Control \_\_\_\_\_ Termite Control \_\_\_\_\_ Non-Contract Inspections \_\_\_\_\_ Fumigation \_\_\_\_\_  
Category(ies) Licensed in which to do business:  General Household Pest  Commercial Vertebrate  Termite  
 WDI/O  Fumigation  Lawn & Ornamental  Other \_\_\_\_\_

**GENERAL INFORMATION – Explain all “Yes” responses below.**

- 1. Does Applicant own or operate any other business?  Yes  No
- 2. Is work done through or by any affiliated or related companies?  Yes  No
- 3. Has Applicant or any affiliated, related or predecessor entity or any officer or owner of any of them ever been convicted of a crime?  Yes  No
- 4. Has Applicant or any affiliated, related or predecessor entity ever defaulted on a labor and material payment bond, performance bond or bid bond or failed to complete or been terminated on any project?  Yes  No
- 5. Has Applicant or any affiliated, related or predecessor entity currently involved in any litigation, administration, or arbitration proceeding(s) or subject to any court or agency order of injunction?  Yes  No
- 6. Has Applicant or any affiliated, related, or predecessor entity ever been cited by any governmental/regulatory agency or by civil court for violation of any regulations, safety, health, or product label, environmental laws or regulations?  Yes  No
- 7. Do you have any knowledge of or reason to expect claims to be filed arising out of pest control operations prior to the effective date of coverage with this company?  Yes  No
- 8. Does Applicant perform building inspections or appraisals, or issue or render services or opinions regarding structural integrity, chemical, air quality or health-related mold issues?  
**(THESE SERVICES, REPORTS, AND OPINIONS ARE NOT COVERED!)**  Yes  No

**Comments and Details** – use this space to provide details to any questions answered **Yes** above.

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- 9. Is pest control operation a full-time business for Applicant?  Yes  No  
If no, what is primary occupation? \_\_\_\_\_
- 10. Does Applicant perform any non-pest control services such as Janitorial, Carpentry, Excavation/Grading, Insulation, Roofing, Plumbing or General Construction?  Yes  No  
If yes, please list: \_\_\_\_\_
- 11. Do you use subcontractors?  Yes  No  
If yes: (a) Do you get Certificates of Insurance from all sub-contractors?  Yes  No  
(b) Are you an Additional Insured on any sub-contractors policies?  Yes  No  
(c) Do you obtain a Waiver of Subrogation from all sub-contractors?  Yes  No
- 12. Please list product(s) used:  
For Pest Control \_\_\_\_\_  
For Termite/WDI Control \_\_\_\_\_  
For Rodent Control \_\_\_\_\_  
Other \_\_\_\_\_
- 13. Would you like to be contacted regarding coverage for Workers' Compensation, Auto or Employment Practices Liability? (may not be available in all states)  Yes  No
- 14. Do you need coverage for your equipment?  Yes  No
- 15. Would you like a loss control call from the carrier?  Yes  No



**Limits Desired** (Limits may not be available in all states)

- \$100,000 per Occurrence/Aggregate
- \$100,000 per Occurrence/\$300,000 Aggregate
- \$200,000 per Occurrence/\$300,000 Aggregate
- \$300,000 per Occurrence/\$600 Aggregate
- \$350,000 per Occurrence/Aggregate
- \$1,000,000 per Occurrence/\$4,000,000 Aggregate
- \$2,000,000 per Occurrence \$\_\_\_\_\_ Aggregate (up to \$5 Million)
- \$500,000 per Occurrence/Aggregate
- \$500,000 per Occurrence/\$1,000,000 Aggregate
- \$1,000,000 per Occurrence/Aggregate
- \$1,000,000 per Occurrence/\$2,000,000 Aggregate
- \$1,000,000 per Occurrence/\$3,000,000 Aggregate
- \$1,000,000 per Occurrence/\$5,000,000 Aggregate

**Deductible** (Deductibles may not be available in all states and cannot exceed 1% of receipts)

- \$500
- \$1000
- \$2500
- \$5000
- \$10,000

**Claims History**

Have you had any claims during the past 3 years? This includes all claims whether or not reported to your insurer or whether payments were made. Check here if none:

**Currently-valued three-year loss runs must be attached to application.**

<u>Policy Year</u>	<u>Carrier</u>	<u>Premium</u>	<u>Date of Loss</u>	<u>Amount Incurred</u>	<u>Description of Loss</u>

*Any attempt to falsify claims history could result in cancellation of your policy or denial of coverage should a claim occur.*

By acceptance of an insurance policy based on this application, the Insured and/or his representative 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. The Insured acknowledges that this application is a part of the insurance policy.

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).

This signed application (whether manually or electronically) is my authorization to insurance companies listed on this application to provide to LIPCA, Inc. premium and loss data as requested by LIPCA, Inc.

\_\_\_\_\_  
**Broker/Agent**

\_\_\_\_\_  
**Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**