



**CREATIVE UNDERWRITERS CORPORATION**  
 140 EAST MAIN STREET, CARMEL, IN 46032  
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## Exterminators General Liability Application

Applicant's Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Web site Address \_\_\_\_\_

Agent Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_

**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): \_\_\_\_\_

**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 (\$500 minimum)                |  | \$   |

**LOCATION OF OPERATIONS**

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

1. How long has applicant been in business? \_\_\_\_\_ years     Full-time     Part-time
2. Does applicant exterminate other than insects or small household pests?..... Yes    No  
 If yes, please explain: \_\_\_\_\_
3. Does applicant perform bird control/extermination at or near airports? ..... Yes    No

4. 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>             |

5. Does applicant perform radon testing? .....  Yes  No

If yes, describe the procedure: \_\_\_\_\_

Who performs the analysis? \_\_\_\_\_

6. Do any operations involve propane, oxygen or heat? .....  Yes  No

If yes, describe: \_\_\_\_\_

7. Does applicant inspect for mold? .....  Yes  No

8. Does applicant advise clients that he does or does not inspect for mold? .....  Yes  No

9. Does applicant perform any mold remediation? .....  Yes  No

10. 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 |
|------|---------|
|      |         |
|      |         |
|      |         |
|      |         |

**11. 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.

**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.

**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.

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

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

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_  
*(Applicable to Florida Agents Only.)*

IOWA LICENSED AGENT: \_\_\_\_\_

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.

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