



**Pest Control Questionnaire**  
(Attach to an Acord Application)

Applicant's name _____				
Address _____				
	Street	City	State	Zip

**GENERAL INFORMATION**

- 1) How long have you been in business? \_\_\_\_\_
- 2) Are you a member of any trade organizations?  Yes  No  
If yes, please list: \_\_\_\_\_
- 3) In what state(s) do you conduct business? \_\_\_\_\_
- 4) What percentage of your work is: Commercial? \_\_\_\_\_% Residential? \_\_\_\_\_%
- 5) Please indicate the number of employees: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_  
"Employees" include: Sole proprietors, Partners, Executive Officers, Seasonal employees, Part-time employees, Full-time employees.
- 6) What pre-employment screening is used? Please explain: \_\_\_\_\_
- 7) PLEASE PROVIDE A COPY OF YOUR CUSTOMER CONTRACT & 5 YEARS CURRENT LOSS RUNS

**PEST CONTROL INFORMATION**

- 1) Do you hold a license and/or certification for application of pesticides or herbicides?  Yes  No
- 2) Please check the box in front of any pest control services that are provided and indicate what percentage that service makes up of the total operation and it's annual sales:
 

<input type="checkbox"/> General Pest Control (Insect & Rodent)	_____ %	\$ _____	Annual Sales
<input type="checkbox"/> Termite Control	_____ %	\$ _____	Annual Sales
<input type="checkbox"/> Fumigation	_____ %	\$ _____	Annual Sales
<input type="checkbox"/> Lawn Care Service	_____ %	\$ _____	Annual Sales
<input type="checkbox"/> Tree Care Services	_____ %	\$ _____	Annual Sales
<input type="checkbox"/> Animal Trapping	_____ %	\$ _____	Annual Sales
<input type="checkbox"/> Agricultural Crop Spraying	_____ %	\$ _____	Annual Sales
<input type="checkbox"/> Commercial Non-Food	_____ %	\$ _____	Annual Sales
<input type="checkbox"/> Food Related	_____ %	\$ _____	Annual Sales
<input type="checkbox"/> Heat Treatment	_____ %	\$ _____	Annual Sales
<input type="checkbox"/> Mold Inspections	_____ %	\$ _____	Annual Sales
<input type="checkbox"/> Other _____	_____ %	\$ _____	Annual Sales

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 INSURANCE COMPANY

3) Do you perform any agricultural crop spraying?  Yes  No

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

4) Are aircrafts used in any aerial spraying or dusting?  Yes  No

5) Are subcontractors used?  Yes  No

If yes, for what? \_\_\_\_\_

6) Do you provide MSDS sheets to each customer and discuss the hazards that exist and the precautions that must be taken after the application?  Yes  No

7) How many gallons of pesticides are kept on hand at one time? \_\_\_\_\_ Gallons

Where are the pesticides stored? \_\_\_\_\_

Surrounding Exposures

North \_\_\_\_\_ Distance from storage building \_\_\_\_\_

South \_\_\_\_\_ Distance from storage building \_\_\_\_\_

East \_\_\_\_\_ Distance from storage building \_\_\_\_\_

West \_\_\_\_\_ Distance from storage building \_\_\_\_\_

8) Are all technicians licensed and certified?  Yes  No

9) Do you provide WDI (wood destroying insect) or WDO (wood destroying organism) inspections?

If yes, how many a year? \_\_\_\_\_

10) Do you sell chemicals that are applied through an irrigation system?  Yes  No

11) Have you ever received a fine, forfeiture or disciplinary action (including but not limited to license revocation or suspension, a cease and desist notice or other administrative order from a governmental entity)? If so, please explain.

\_\_\_\_\_

12) How are excess pesticides disposed of? \_\_\_\_\_

13) Do you have a formal safety program? (If yes please provide copy)  Yes  No

14) Do you conduct regular safety meetings with all technicians?  Yes  No

15) Does any part of your business include retail store operations?  Yes  No

If yes, please explain types of items sold \_\_\_\_\_

The information I have provided is true and accurate to the best of my knowledge. I have not willfully concealed or misrepresented any material fact(s) or information. I understand completion of this questionnaire does not compel the company to provide coverage.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Date