

**Edgehill Special Risk, Inc.**  
**Phone# 215 881-9089**

Application  
For  
**Pest Control Services**

1. Applicant's Name: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Street address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Applicant's Web Site Address \_\_\_\_\_

Location Address:  
Street address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact Name \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Are there any branch offices?  Yes  No

If yes, provide addresses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2.  Individual  Corporation  Partnership  Other (Explain) \_\_\_\_\_

3. Please show number of: Partners/Owners \_\_\_\_\_ Part-time staff \_\_\_\_\_  
Full-time staff \_\_\_\_\_ Other \_\_\_\_\_

What training is provided for new employees? \_\_\_\_\_

Are new employees supervised until training is completed? \_\_\_\_\_

4. No. of years in business \_\_\_\_\_ No. of years experience \_\_\_\_\_ License class/number \_\_\_\_\_

5. Annual gross sales \$ \_\_\_\_\_ 6. Annual payroll \$ \_\_\_\_\_

7. Does applicant subcontract work to others?  Yes  No  
If yes, what type of work? \_\_\_\_\_ Annual cost of subs \$ \_\_\_\_\_

Are subs required to carry CGL and Workers Compensation?  Yes  No At what limits? \_\_\_\_\_

Do you require them to name you as an additional insured on their policy?  Yes  No

Are certificates of insurance obtained?  Yes  No

8.

Operations	% done by you/your employees	% subcontracted out	Not done
Termite inspections without treatment (excluding inspection reports for homes treated previously). (If yes, attach copy of "inspection report" given to clients for this service.)			
Termite treatment			
Exterminating			
Fumigation			
Crop dusting/spraying			
Tenting			
Carpentry / Repairs*			
Fogging			
Rodent / Animal Removal			
Other – (please describe)			
<b>TOTAL (must equal 100%)</b>			

**\*If Carpentry / Repair work is done, please provide details:**

Residential \_\_\_\_\_%      Commercial \_\_\_\_\_%      Industrial \_\_\_\_\_%

9. If commercial or industrial work, please list the type of clients: \_\_\_\_\_

10. Does insured perform any foaming operations?  Yes  No  
 If yes, with small hand pump or with large battery or 110VAC units (foam blasters)?  Yes  No  
 Describe precautions taken when using foam to prevent foam from "escaping" to unintended areas. \_\_\_\_\_

11. Does insured do any radon testing?  Yes  No  
 If yes, who does the analysis? \_\_\_\_\_  
 Does insured do any radon remediation? \_\_\_\_\_

12. Does or has the applicant used EPA "restricted use" pesticides?  Yes  No  
 If yes, EPA license number \_\_\_\_\_  
 Where and when are EPA restricted use pesticides used? \_\_\_\_\_  
 Why necessary to use EPA restricted use pesticides? \_\_\_\_\_  
 Attach a list of actual EPA restricted (use) chemicals used.

13. Provide details of chemical storage: \_\_\_\_\_

Are storage areas locked?  Yes  No  
 Are warning signs posted?  Yes  No  
 Are flammable pesticides stored in a fire resistive cabinet or shed?  Yes  No



18.

Prior insurance information. If no prior insurance, check here. <input type="checkbox"/>					
Year (3 Years)	Insurance Company	Premium	Loss		Open/Closed
			\$ Paid	\$ Reserve	
Loss descriptions: _____					
_____					
_____					

19. Is the applicant or any other person for whom insurance is being requested aware of any circumstances which may result in a claim?  Yes  No

20. Has the applicant or any other person for whom insurance is being requested had their insurance policy cancelled or non-renewed in the past 3 years? If yes, provide details.  Yes  No  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Title: \_\_\_\_\_ Producing Agent: \_\_\_\_\_