



Yancy Insurance & Financial Services

AGENT: Yancy Insurance & Financial Services
2019 E Lamar Blvd, Suite 100
Arlington, TX 76006
817-277-6100 Phone
817-261-7514 Fax

Exterminators General Liability Application

Applicant's Name: _____
Mailing Address: _____
City/State/Zip: _____
Email Address: _____
Location _____

PROPOSED EFFECTIVE DATE:
From _____ To _____
12:01 A.M. Standard Time at the address of the Applicant
Phone: _____
Fax: _____

Applicant is: Individual Corporation Partnership Joint Venture 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) | \$ Excluded |
| Other Coverages, Restrictions, and/or Endorsements | \$ _____ |
| | Deductible \$ _____ |

A. Is applicant licensed? _____ License Number _____ Years in business _____

B. Estimated annual sales \$ _____

C. Sales from termite inspections without termite treatment \$ _____ (this category does not include sales for renewal inspections where a previous treatment for termites had been done). Sales from termite treatment \$ _____

D. Number of employees _____ Does applicant have a training program for his employees? _____ If so, describe _____

E. Does applicant have Workers' Compensation coverage in force? _____

F. Does applicant lease employees? _____

G. Does applicant do any tenting? _____ What percentage of sales? _____

H. Describe operations of applicant (show percentage of sales for each)

1. Exterminating – residential Yes No _____ %
2. Exterminating – commercial Yes No _____ %
3. Crop dusting or spraying Yes No _____ %
4. Fumigation – residential Yes No _____ %
5. Fumigation – commercial Yes No _____ %



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- I. Does applicant do any random testing? Yes No If yes, sales _____ Who does the analysis? _____
- J. Does risk store petroleum products in underground tanks, LPG, flammable liquids, ammunition or explosives on the premises? _____
If so, type and quantity stored _____
- K. Does risk lend, lease or rent any equipment to others? If so, state the type of equipment involved and the sales derived therefrom.

- L. Does applicant subcontract work? _____ If so, state type _____
Are certificates of insurance required from all subcontractors? _____
- M. During the past three years has any company ever cancelled, declined or refused to issue similar insurance to the applicant? _____
If so, explain _____

Previous insurer: Indicate premium and losses for past three years. Describe all losses.

| YEAR | COMPANY | POLICY NO. | PREMIUM | LOSSES PAID | LOSSES RESERVED | DESCRIPTION |
|------|---------|------------|---------|-------------|-----------------|-------------|
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| Loc. No. | Classification | Class. Code | Premium Bases (a) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other | Terr |
|----------|----------------|-------------|--|------|
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APPLICANT'S SIGNATURE: _____ Date: _____

NAME & PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT _____