



Swett & Crawford

EXTERMINATORS, TREE SURGEONS AND LANDSCAPERS LIABILITY APPLICATION

1. NAME OF APPLICANT _____

2. ADDRESS _____

3. INDIVIDUAL CORPORATION PARTNERSHIP OTHER (PLEASE EXPLAIN) _____

4. LIST FULL NAMES OF INDIVIDUALS OR PARTNERS AND THEIR INTERESTS _____

5. PLEASE SHOW NUMBER OF
_____ PARTNERS, OWNERS, OFFICERS _____ FULL TIME STAFF
_____ OTHER (PLEASE EXPLAIN) _____ PART TIME STAFF
ANNUAL RECEIPT \$ _____ TOTAL ANNUAL PAYROLL \$ _____

6. DATE ESTABLISHED _____

7. HAS APPLICANT HAD PREVIOUS INSURANCE FOR THIS ENTERPRISE Yes No (IF YES, PLEASE COMPLETE THE FOLLOWING)

INSURANCE COMPANY	POLICY PERIOD	LIMITS OF LIABILITY	PREMIUM	TYPE OF COVERAGE	OCCURRENCE OR CLAIMS MADE

8. DURING THE PAST THREE YEARS, HAVE ANY CLAIMS BEEN PRESENTED TO YOUR CURRENT OR PRIOR INSURANCE CARRIER?
 Yes No IF YES, PLEASE PROVIDE FULL DETAILS BELOW
(INCLUDE DESCRIPTION OF CLAIM, AMOUNTS PAID AND RESERVES) _____

9. 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 (IF YES, PLEASE PROVIDE FULL DETAILS BELOW)

10. HAS APPLICANT, OR ANY OTHER PERSON FOR WHOM COVERAGE BEING REQUESTED, HAD ANY APPLICATION FOR LIABILITY INSURANCE DENIED, POLICY CANCELLED OR NON-RENEWED IN THE PAST THREE YEARS? Yes No
(IF YES, PLEASE PROVIDE FULL DETAILS BELOW)

11. PROVIDE DETAILS OF LICENSING OR CERTIFICATION NEEDED FOR THIS OPERATION
TYPE OF LICENSE HELD _____
EXPIRATION DATE OF LICENSE _____

12. HOW MANY YEARS OF EXPERIENCE DOES THE APPLICANT HAVE AS AN EXTERMINATOR _____
TREE SURGEON _____
LANDSCAPER _____

13. SHOW PERCENTAGE OF RECEIPTS FOR EACH OF THE FOLLOWING:

	COMMERCIAL	RESIDENTIAL
EXTERMINATING	_____ %	_____ %
TREE SURGERY	_____ %	_____ %
LANDSCAPING	_____ %	_____ %

14. LIST ALL EQUIPMENT USED _____

15. DOES THE APPLICANT USE ANY EXPLOSIVES Yes NO (IF YES, PLEASE PROVIDE FULL DETAILS BELOW)





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16. IS THERE A FORMAL TRAINING PROGRAM FOR ALL EMPLOYEES Yes No (IF YES, PLEASE PROVIDE FULL DETAILS BELOW)

17. PLEASE LIST ALL CHEMICALS USED DOES _____

18. DOES THE APPLICANT MANUFACTURE COMPOUND OR SELL ANY CHEMICALS Yes No

19. PROVIDE DETAILS OF CHEMICAL STORAGE AND EPA NUMBER _____

20. DOES THE APPLICANT USE INDEPENDENT CONTRACTORS? Yes No
PLEASE PROVIDE DETAILS OF WORK PERFORMED BY INDEPENDENT CONTRACTORS? _____

DOES APPLICANT REQUIRE CERTIFICATES OF INSURANCE FROM INDEPENDENT CONTRACTORS SHOWING GENERAL LIABILITY AND WORKERS COMP COVERAGE IN FORCE? Yes No

21. DO YOU ASSUME ANYONE ELSE'S LIABILITY IN YOUR CONTRACTS? Yes No (IF YES, ATTACH COPY OF CONTRACT)

22. ADDITIONAL INSURED	DESCRIBE INTERESTS OF ADDITIONAL INSURED

23. TYPE OF COVERAGE REQUESTED	LIMITS OF LIABILITY REQUESTED	PROPOSED EFFECTIVE DATE
M & C		
Other		

APPLICANT'S SIGNATURE

PRODUCING AGENT

TITLE

DATE

