

# Online Pest Control General Liability Application

Name\*:

Business Name:

Address:

City:

State:

Zip:

Phone:

Email\*:

License #:

Category(ies) of License:

- General Household Pest
- WDI Inspections - Reports
- WDI Inspections - Reports
- Fumigation
- Lawn & Ornamental
- Commercial Vertebrate
- Other

Business Type:

- Individual/Sole Proprietorship
- LLC
- Partnership
- Corporation
- Other

Receipts - General Pest Control \$

Receipts - Wildlife Control \$

Receipts - Termite Control \$

Receipts - Fumigation \$

Receipts - WDI Reports \$

Receipts - Other \$

Receipts - Lawn & Ornamental \$

Have you had any claims in the past 3 years?

- Yes
- No

If yes, list Date of Loss, Description, and \$ Amount Incurred

Who is your current insurance carrier?

What is the expiration date of your current policy?