



A UNIT OF RSG UNDERWRITING MANAGERS

National Specialty Programs
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Contact us: programs@ryansg.com

Pest Control Renewal Application

General Information

1. Name (Complete name as it should appear on the policy including Inc., Corp., Ltd., Etc.)

2. Mailing Address No. Street City County State Zip Code

Insured Email Address:

3. List any additional locations:

4. Inspection Contact Phone ( )

5. Telephone ( ) Fax ( )

6. Website FEIN

7. Date established

States where Applicant is Licensed/Certified

Scope of Permitted Applications

All Equipment Used is Clearly Marked with Applicant's Name? Yes No

Certified Pesticide Applicator License #(s)

(Check appropriate box) Commercial or Private? Number of Certified Pesticide Operators?

(Check appropriate box) Sole Proprietor Partnership Corporation Other

8. Policy effective date to

9. Requested GL limit of liability (Occurrence/Aggregate): \$300,000/\$600,000 \$500,000/\$1,000,000 \$1,000,000/\$1,000,000 \$1,000,000/\$2,000,000 Other

WDI/Treatment Limits: \$100,000/\$300,000 \$300,000/\$600,000 \$500,000/\$1,000,000 1,000,000/\$1,000,000

WDI/Inspection Limits: \$100,000/\$300,000 \$300,000/\$600,000 \$500,000/\$1,000,000 1,000,000/\$1,000,000

10. Deductible: \$500 \$1,000 \$2,500

11. Lost Key Coverage Requested: (\$50,000 limit with \$1,000 deductible) Yes No

12. List all Pest Control Associations for which the Applicant is a member in good standing:

13. **Operations** - estimated annual receipts from all operations

Categories	Estimated Annual Sales	# of Employees	Categories	Estimated Annual Sales	# of Employees
General Pest Control	\$		Health Inspections	\$	
Termite Control (without inspection)	\$		Carpentry	Sales Payroll	
WDI/O Inspection	\$		General Construction - explain type	\$	
Bed Bugs	\$		Product Sales	\$	
Fumigation	\$		Subcontractors	Total cost	
Pre-treat new homes	\$		Mold Remediation	\$	
Wildlife Control	\$		Janitorial/building maintenance	\$	
Lawn Care	Sales Payroll		Radon	\$	
Landscaping	Sales Payroll		Building Inspections or Appraisals	\$	
Tree Pruning, Dusting, Spraying, Trimming or Fumigating	Sales Payroll		Other (explain)	\$	
Crop Spraying by Contractor for Orchards or Vineyards	\$				

14. **Clients:** Please indicate the percentage of clients that fall into the following categories:

- Commercial \_\_\_\_%
- Residential \_\_\_\_%
- Food Processor/Restaurants \_\_\_\_%
- Educational/Day Care facility \_\_\_\_%
- Hospital/Medical facility \_\_\_\_%
- Other \_\_\_\_%

15. Has the insured experienced any operational changes (enhanced hiring practices, different notification/follow up procedures, training procedures, etc):

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16. **Record Keeping:**

- a. What quality control procedures are in place to ensure technicians complete forms correctly regarding chemical application? \_\_\_\_\_
- b. Are Material Data Safety Sheets kept on file?  Yes  No
- c. Employee Record keeping:  Training  Continuing Ed  Inventory Use  License/Certification
- d. Customer Record Keeping:  Accidents  Complaints  All Contracts  
 Amount of Pesticide Used and Scope of Application

Check the optional coverages requested:  Blanket Additional Insured  Waiver of Subrogation  
 Primary/Non-Contributory  Per Project Aggregate  
 Hired/Non-Owned Auto  Crime  
 Umbrella/Excess  Other

List the name and address of any Additional Insured endorsements that you are requesting. Explain the relationship that each Additional Insured has to your business.

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Employee Benefits Liability:  Yes  No Maximum limit is \$1,000,000 Each Claim/\$1,000,000 Aggregate  
 List any other coverages or endorsements: \_\_\_\_\_

NOTICE TO APPLICANTS: THIS APPLICATION MUST BE COMPLETED IN FULL AS THE QUOTE WILL BE BASED SOLELY ON THE INFORMATION PROVIDED, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied. BY SIGNING THIS APPLICATION, THE SIGNOR WARRANTS THAT TO THEIR BEST KNOWLEDGE ALL INFORMATION GIVEN IS TRUE AND ACCURATE.

\_\_\_\_\_  
 Applicant Name (type or print) Signature Date

NOTICE TO PRODUCERS: THE PRODUCER HEREBY WARRANTS THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE.

\_\_\_\_\_  
**Name (type or print) Signature Date License #**

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