



**Western Heritage**  
Insurance Company

6263 North Scottsdale Road, Suite 240 • Scottsdale, Arizona 85250  
1-800-873-9442 • Fax (480) 596-7859

## Exterminators General Liability Application

Applicant's Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Agent Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

**PROPOSED EFFECTIVE DATE:**

From \_\_\_\_\_ To \_\_\_\_\_  
12:01 A.M., Standard Time at the address of the Applicant.

**Applicant is:**     Individual                       Corporation                       Partnership                       Joint Venture  
                          Limited Liability Company                       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)		\$
Lost Key Coverage.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$25,000
Property Damage Extension (CCC)	Occurrence	\$
	Aggregate	\$
Wood Destroying Organism Inspection	Occurrence	<input type="checkbox"/> \$25,000 or <input type="checkbox"/> \$50,000
	Aggregate	\$100,000
Other		\$
Deductible (\$500 minimum)		\$

**LOCATION OF OPERATIONS**

Street & City	State	License Number
1. <input type="checkbox"/> same as mailing address		
2.		
3.		

1. **How long has applicant been in business?** \_\_\_\_\_ years     Full-time     Part-time
2. **Does applicant exterminate other than insects or small household pests?** ..... Yes     No  
If yes, please explain: \_\_\_\_\_



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**3. Does applicant subcontract work?** ..... Yes  No

If yes: Annual subcontract cost: \$ \_\_\_\_\_

Type of work subcontracted: \_\_\_\_\_

Are Certificates of Insurance obtained? ..... Yes  No

**DESCRIPTION OF OPERATIONS**

Operation	Sales	Percentage of Operation
Termite Inspections without Treatment (do not include sales for renewal inspections where a previous treatment by you has been done)	\$	%
Termite Treatment and Renewal Inspections	\$	%
Carpentry (Payroll: \$ )	\$	%
Exterminating—Residential	\$	%
Commercial	\$	%
Fumigation—Residential	\$	%
Commercial	\$	%
Crop Dusting or Spraying	\$	%
Tenting	\$	%
Other—Please Describe:	\$	%
<b>Total Sales</b>	<b>\$</b>	<b>100%</b>

**EMPLOYEE DATA**

Category	Number
Owner(s) only	
Exterminations:	
Full-time	
Part-time	
Leased	
<b>Total</b>	

**During the past three years has any company ever canceled, declined or refused to issue similar insurance to the applicant?** (Not applicable in Missouri) ..... Yes  No  
 If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PRIOR INSURANCE HISTORY**  See loss run attached

Year	Company	Policy No.	Premium	Paid Losses	Reserved Losses	Loss Description



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**ADDITIONAL INSURED INFORMATION**

Name	Address

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**APPLICABLE IN THE STATE OF NEW YORK:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**FRAUD WARNING:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially 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 such person to criminal and civil penalties.

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_

***(Applicable to Florida Agents Only.)***

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: \_\_\_\_\_

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

ANSWER ALL QUESTIONS – IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE"