



Mid America Specialty Markets
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**Pest Control Questionnaire
 (Attach to an Acord Application)**

Policy Number: _____

Applicant's name _____				
Address _____				
	Street	City	State	Zip
Applicant's website address _____	Contact's email address _____			

GENERAL INFORMATION

PEST CONTROL INDUSTRY EXPERIENCE

- 1) How long have you been in business? _____
- 2) If this is a new venture, how many years have you worked for other pest control businesses? _____
- 3) Are you a member of any trade organizations? Yes No
 If yes, please list: _____
- 4) In what state(s) do you conduct business? _____
- 5) What percentage of your work is: Commercial? _____% Residential? _____%
- 6) Please indicate the number of employees: Full-time _____ Part-time _____
 "Employees" include: Sole proprietors, Partners, Executive Officers, Seasonal employees, Part-time employees, Full-time employees.
- 7) What pre-employment screening is used? Please explain: _____

8) PLEASE PROVIDE A COPY OF YOUR CUSTOMER CONTRACT & 5 YEARS CURRENT LOSS RUNS

PEST CONTROL INFORMATION

- 1) Do you hold a license and/or certification for application of pesticides or herbicides? Yes No
- 2) Please check the box in front of any pest control services that are provided and indicate what percentage that service makes up of the total operation and its annual sales:

<input type="checkbox"/> General Pest Control (Insect & Rodent)	_____%	\$ _____	Annual Sales
<input type="checkbox"/> Termite Control	_____%	\$ _____	Annual Sales
<input type="checkbox"/> Fumigation	_____%	\$ _____	Annual Sales
<input type="checkbox"/> Lawn Care Service	_____%	\$ _____	Annual Sales
<input type="checkbox"/> Tree Care Services	_____%	\$ _____	Annual Sales
<input type="checkbox"/> Animal Trapping	_____%	\$ _____	Annual Sales
<input type="checkbox"/> Agricultural Crop Spraying	_____%	\$ _____	Annual Sales
<input type="checkbox"/> Commercial Non-Food	_____%	\$ _____	Annual Sales
<input type="checkbox"/> Food Related	_____%	\$ _____	Annual Sales
<input type="checkbox"/> Heat Treatment	_____%	\$ _____	Annual Sales
<input type="checkbox"/> Mold Inspections	_____%	\$ _____	Annual Sales
<input type="checkbox"/> Other _____	_____%	\$ _____	Annual Sales



- 3) Do you perform any agricultural crop spraying? Use Vikane? Use Phantom? Yes No
If yes, please describe: _____
- 4) Do you perform any treatment of private ponds, lakes, streams, or other bodies of water? Yes No
- 5) Are aircrafts used in any aerial spraying or dusting? Yes No
- 6) Are subcontractors used? Yes No
If yes, for what? _____
- 7) Do you provide MSDS sheets to each customer and discuss the hazards that exist and the precautions that must be taken after the application? Yes No

SERVICE RECORDS

- 1) Do you have checklists for the technicians to use ensuring accurate chemical concentrations are used and company procedures are followed? Yes No
- 2) Do customer records include dates of past and current service? Yes No
- 3) Are accidents and complaints documented, and are employees trained in handling them? Yes No
- 4) How many gallons of pesticides are kept on hand at one time? _____ Gallons
Where are the pesticides stored? _____

Surrounding Exposures

North _____	Distance from storage building _____
South _____	Distance from storage building _____
East _____	Distance from storage building _____
West _____	Distance from storage building _____

- 5) Are all technicians licensed and certified? Yes No
- 6) Do you provide WDI (wood destroying insect) or WDO (wood destroying organism) inspections?
If yes, how many a year? _____
- 7) Do you sell chemicals that are applied through an irrigation system? Yes No
- 8) Have you ever received a fine, forfeiture or disciplinary action (including but not limited to license revocation or suspension, a cease and desist notice or other administrative order from a governmental entity)? If so, please explain.

- 9) How are excess pesticides disposed of? _____
- 10) Do you have a formal safety program? (If yes please provide copy) Yes No
- 11) Do you conduct regular safety meetings with all technicians? Yes No
- 12) Does any part of your business include retail store operations? Yes No
If yes, please explain types of items sold _____

The information I have provided is true and accurate to the best of my knowledge. I have not willfully concealed or misrepresented any material fact(s) or information. I understand completion of this questionnaire does not compel the company to provide coverage.

_____ Applicant's Signature	_____ Date	
_____ Agent's Signature	_____ Agency Name	_____ Date