



Markel Insurance Company

P. O. Box 440549, Kennesaw, GA 30160

Telephone: (678) 290-2100 Fax: (678) 290-2200

Email applications to: news@markelcorp.com

Website: markelinsurance.com

Pest Control application

Markel agent number: _____

Submission number: _____

Proposed effective date: _____

Named insured: _____ (DBA) _____

Mailing address: _____

Primary contact name: _____ Business phone: _____ Fax: _____

Email: _____ Website address: _____

Secondary contact name: _____ Business phone: _____ Fax: _____

Section 1 - General information

1. Current carrier and limit of liability: _____
2. Is this policy being non-renewed? (N/A in Missouri) ☐ Yes ☐ No
If yes, why? ☐ Carrier no longer writing this coverage ☐ Loss history ☐ Other: _____
3. Expiring premium: _____
4. Type of organization: ☐ Corporation ☐ Individual ☐ Partnership ☐ Joint venture ☐ LLC
5. Date business started under current ownership: _____
6. Do you own or operate any other business? ☐ Yes ☐ No
If yes, explain: _____

Section 2 - Liability limits and coverage

1. **General liability** (choose one):
☐ \$100,000/\$300,000 ☐ \$200,000/\$300,000 ☐ \$300,000/\$300,000 ☐ \$300,000/\$600,000 ☐ \$500,000/\$500,000
☐ \$500,000/\$1,000,000 ☐ \$1,000,000/\$1,000,000 ☐ \$1,000,000/\$2,000,000 ☐ \$1,000,000/\$3,000,000
☐ \$2,000,000/\$2,000,000 ☐ \$2,000,000/\$3,000,000 ☐ \$2,000,000/\$4,000,000
General liability deductible (choose one): ☐ \$500 ☐ \$1,000 ☐ \$2,000
Medical payments coverage: \$5,000
2. **Employee benefits liability** - If coverage is desired, complete the following:
Retroactive date: _____ Number of employees per location _____
Limit (choose one): ☐ \$500,000/\$1,000,000 ☐ \$500,000/\$1,500,000 ☐ \$1,000,000/\$1,000,000
☐ \$1,000,000/\$2,000,000 ☐ \$1,000,000/\$3,000,000
3. **Stop gap liability (available in OH, ND, WA, WY only).** If coverage is desired, choose limit below:
☐ \$100,000/\$500,000/\$100,000 ☐ \$500,000/\$500,000/\$500,000 ☐ \$1,000,000/\$1,000,000/\$1,000,000

4. Employment practices liability limit (not available in HI and LA)

If coverage is desired, complete the following:

Retroactive date: _____ FT employees: _____ PT employees: _____ FT volunteers: _____

PT volunteers: _____

Limit (choose one): ☐ \$25,000 ☐ \$50,000 ☐ \$75,000 ☐ \$100,000 (minimum available for MN, NH, NY, ND)

☐ \$250,000 ☐ \$500,000 (minimum available for AR, NM) ☐ \$1,000,000 (minimum available for MT)

Choose from the following limits for VT:

☐ \$25,000/\$25,000 ☐ \$37,500/\$37,500 ☐ \$50,000/\$50,000 ☐ \$125,000/\$125,000 ☐ \$250,000/\$250,000

☐ \$500,000/\$500,000

Deductible: ☐ \$2,500 ☐ \$5,000 ☐ \$10,000 (limits over \$75,000 only) ☐ \$25,000 (limits over \$100,000 only)

Section 3 - Additional insureds

List all additional insureds that need to be listed on the policy:

1. Name: _____

Address: _____

Insured type: ☐ Designated person ☐ Franchisor ☐ Lessor of equipment ☐ Landlord

2. Name: _____

Address: _____

Insured type: ☐ Designated person ☐ Franchisor ☐ Lessor of equipment ☐ Landlord

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(A copy of this page is required for each additional location.)

Section 4 - Property information

1. Location #: _____ Building #: _____
2. Address: _____
3. Property deductible (choose one): ☐ \$500 ☐ \$1,000 ☐ \$2,500 ☐ \$5,000 ☐ \$10,000 ☐ \$25,000 ☐ \$50,000
4. Wind/hail deductible (choose one): ☐ Same as all other property ☐ Exclude
☐ Percent - ☐ 2% ☐ 5%
☐ Flat - ☐ \$1,000 ☐ \$2,500 ☐ \$5,000 ☐ \$10,000 ☐ \$25,000 ☐ \$50,000
5. Property coinsurance percentage (choose one): ☐ 80% ☐ 90% ☐ 100%
6. Construction type (choose one): ☐ Frame ☐ Joisted masonry ☐ Masonry non-combustible ☐ Non-combustible
☐ Semi-fire resistive ☐ Fire resistive
7. Is the building sprinklered? ☐ Yes ☐ No
8. In what year was the building constructed? _____ If over 20 years old, has the building been updated including roof and plumbing within the past 20 years? ☐ Yes ☐ No
If no, explain: _____
9. Building square footage: _____ Number of stories: _____
10. Is this location adjacent to potentially hazardous exposures? ☐ Yes ☐ No

Coverage and limits

Choose the coverages desired:

- ☐ Building \$_____ ☐ Replacement cost ☐ ACV
- ☐ Business personal property \$_____ ☐ Replacement cost ☐ ACV
- ☐ Tenant improvements & betterments \$_____ ☐ Replacement cost ☐ ACV
- ☐ Signs (\$1,000 deductible) \$_____
- Description of sign(s): ☐ Attached ☐ Free standing ☐ Both
- Type of sign(s): ☐ Entirely metal ☐ Other
- ☐ Business Income \$_____ Does a separate business income coinsurance apply? ☐ Yes ☐ No
- If yes, please choose one: ☐ 50% ☐ 60% ☐ 70% ☐ 80% ☐ 90% ☐ 100% ☐ 125%
- Select the monthly limit of indemnity: ☐ 1/3 ☐ 1/4 ☐ 1/6 ☐ None

Property additional interests

List all property additional interests that need to be listed on the policy:

1. Name: _____
Address: _____
Insured type: ☐ Mortgagee ☐ Building owner ☐ Loss payee ☐ Lender's loss payee
2. Name: _____
Address: _____
Insured type: ☐ Mortgagee ☐ Building owner ☐ Loss payee ☐ Lender's loss payee

For inland marine, crime, excess/umbrella coverages, please complete the appropriate ACORD application and submit with the completed pest control pro application.

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Section 5 - Operations

1. Location # _____
 2. Address: _____
 3. Which services do you provide at this location?
 - ☐ Pest control Gross sales: _____
 - ☐ Bed bugs Gross sales: _____
 - ☐ Fumigation Structural gross sales: _____ Commodity gross sales: _____
 - ☐ Wild life Gross sales: _____
 - ☐ Termite treatment Gross sales: _____
 - ☐ WDI/O inspections Gross sales: _____
 - ☐ Lawn care services Gross sales: _____
 - ☐ Retail sales Gross sales: _____
 - ☐ Other services Gross sales: _____ Cost: _____
Description: _____ Net retained: _____
 - ☐ Other services Gross sales: _____ Cost: _____
Description: _____ Net retained: _____
 - ☐ Sub contracted services Gross sales: _____ Cost: _____
Description: _____ Net retained: _____
 4. How many employees are employed? Clerical: _____ Techs: _____ Sales: _____
 5. Do you have a formal safety program? ☐ No ☐ Yes
 6. Do you conduct training programs for technicians? ☐ No ☐ Yes
 7. Do you belong to any state or national associations? ☐ No ☐ Yes
If yes, please list: _____
 8. Where and how are pesticides stored? _____
 9. Have any crimes been committed on your premises within the past 3 years? ☐ No ☐ Yes
 10. Any bankruptcies, tax or credit liens against you in the last 5 years? ☐ No ☐ Yes
 11. Has the account been cancelled and reinstated more than 3 times in the last 12 months? (N/A in Missouri) ☐ No ☐ Yes
 12. Have you or any affiliated related or predecessor entity or any officer or owner been convicted of a felony? ☐ No ☐ Yes
 13. Have you or any affiliated related or predecessor entity ever been fined or disciplined by any governmental regulatory agency for violation of regulations, safety, health or product label, environmental laws or regulations? ☐ No ☐ Yes
 14. Are label directions for application and chemical amount strictly followed? ☐ No ☐ Yes
 15. Do you mix chemicals of others and place your labels on them? ☐ No ☐ Yes
If yes, provide details: _____
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Section 6 - Termite/WDI

1. Do you engage in drilling operations during treatment? ☐ No ☐ Yes
If yes, what precautions are taken to avoid drilling into service lines? _____
2. Do you perform termite damage repair? ☐ No ☐ Yes
If yes, what percentage of termite work is repair work? _____%
3. Do you perform home inspections? ☐ No ☐ Yes

Section 7 - Wildlife

1. What release/extermination/disposal procedures are used for trapped animals? _____

2. Are any firearms used for wildlife control? ☐ No ☐ Yes
If yes, type and caliber: _____
3. Do you perform repair work for animal damage? ☐ No ☐ Yes

Section 8 - Bed bugs

1. What procedures are used for inspection, treatment and elimination of bed bugs? _____
2. What procedures are in place in the event of a sprinkler or water activation? _____
3. Experience of technicians and/or owner as respects bed bug eradication treatments: _____

4. a. Do you have a specific contract in place for bed bug treatment services? ☐ No ☐ Yes
b. If yes, does the contract provide any warranties or guarantees as respects to bed bug treatments? ☐ No ☐ Yes
c. Does the contract indicate multiple treatments may be required? ☐ No ☐ Yes
5. Is a pre-work checklist completed and signed by a technician prior to completing the work? ☐ No ☐ Yes
If yes, please provide a copy.
6. Are inspections/treatments/eliminations performed on any commercial entities such as hotels/motels, apartment complexes and other multi-residential buildings? ☐ No ☐ Yes

Section 9 - Subcontractor

1. Do you verify subcontractors are adequately insured and obtain current Certificates of Insurance? ☐ No ☐ Yes
 2. Do you require subcontractors to name you as an additional insured? ☐ No ☐ Yes
 3. Do you require the subcontractor to provide you with a waiver of subrogation? ☐ No ☐ Yes
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Section 10 - Loss information

1. Have you had any claims or losses in the past five years? This includes both claims that you have filed and losses you did not file with an insurance company. ☐ No ☐ Yes
2. Are you involved in any litigation, administrative, or arbitration proceedings or subject to any court or agency order of injunction? ☐ No ☐ Yes
If yes, explain: _____
3. Do you have any knowledge of or reason to expect claims to be filed arising out of pest control operations prior to the effective date of coverage with the Company? ☐ No ☐ Yes
If yes, explain: _____
4. List all losses in the past 3 years whether or not insured (attach additional sheet if necessary):

Date of claim	Type of claim	Description of claim	Open/closed	Amount paid

Section 11 - Employment practice liability coverage

Please answer the following questions if employment practices liability coverage is being requested:

1. Have there been any EPLI claims, suits or complaints or are there any now pending claims against the insured or any executive, officer or owner? ☐ No ☐ Yes
If yes, provide details of claims: _____
2. Does the insured and any executive, officer, or owner have any knowledge or information of any act, error, or omission which could reasonably be expected to give rise to an EPLI claim, suit or complaint? ☐ No ☐ Yes
If yes, explain: _____

Complete the following if requesting limits of \$250,000 or greater.

1. Has the insured been in business for at least three continuous years with no bankruptcy filings? ☐ No ☐ Yes
If no, explain: _____
2. Are all job applicants required to complete and sign an employment application? ☐ No ☐ Yes
If no, explain: _____
3. Does the insured have an employment handbook, website or written employment materials, such as anti-harassment or anti-discrimination policies, to advise employees of their rights to work free of harassment and discrimination in the workplace? ☐ No ☐ Yes
If no, explain: _____
4. In the past 12 months and the coming 12 months combined, has there been or does the insured expect any layoffs or reductions in work force totaling more than 15% of the total employee count? ☐ No ☐ Yes
If yes, explain: _____

Fair Credit Report Act Notice: Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You may have the right to review your personal information in our files and request correction of any inaccuracies. You may also have the right to request in writing that we consider extraordinary life circumstances in connection with the development of your credit score. These rights may be limited in some states. Please contact your agent or broker to learn how these rights may apply in your state or for instructions on how to submit a request to us for a more detailed description of your rights and our practices regarding personal information.

Fraud warnings: Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and [NY: substantial] civil penalties. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, NJ, NM, NY, OH, OK, OR, PA, RI, TN, VA, WA, and WV) (insurance benefits may also be denied in LA, ME, TN, and VA.)

STATE FRAUD STATEMENTS

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

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* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

NOTE: Coverage cannot be bound until the Company approves your completed application. The Company's receipt of premium does not bind coverage until a written quote has been issued. Before electronically signing this document, verify your information is correct. Electronically signing will disable further editing of your application.

Applicant's signature: _____ Date: _____

Agent's signature: _____ Date: _____

(Florida only) Agent license number: _____

How did you hear about Markel: ☐ Magazine ad ☐ Referral ☐ Convention/conference ☐ Website ☐ Other
Describe: _____

Thank you for choosing Markel!