

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: _____

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:	\$	%
Total Sales	\$	100%

EMPLOYEE DATA

Category	Number
Owner(s) only	
Exterminations:	
Full-time	
Part-time	
Leased	
Total	

company ever canceled, declined or refused to issue similar insurance to the applicant? (Not applicable in Missouri) Yes No

If yes, please explain: _____

During the past three years has any

PRIOR INSURANCE HISTORY See loss run attached

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

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: _____

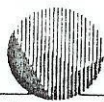
AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only.)

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"



POLICYHOLDER DISCLOSURE

NOTICE OF TERRORISM INSURANCE COVERAGE

Under the Terrorism Risk Insurance Act of 2002, effective November 26, 2002 (the "Act"), you have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act: The term "certified act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; to have been committed by an individual or individuals acting on behalf of any foreign person or foreign interest, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion; and that causes losses of at least \$5,000,000.

You should know that coverage for losses caused by "certified acts of terrorism" is partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States pays 90% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The premium for this coverage is shown below and does not include any charges for the portion of loss covered by the federal government under the Act.

IN ACCORDANCE WITH THE ACT, YOU MUST CHOOSE TO ACCEPT OR REJECT COVERAGE FOR "CERTIFIED ACTS OF TERRORISM."

SELECTION OR REJECTION OF CERTIFIED TERRORISM INSURANCE COVERAGE

	I hereby elect to purchase certified terrorism coverage for a prospective premium of \$ _____.
	I hereby reject the purchase of certified terrorism coverage.

Policyholder/Applicant's Signature

Named Insured/Firm

Print Name

Policy Number, if available

Date