

**Ashland General Agency, Inc.**  
**EXTERMINATORS SUPPLEMENTAL**

(Complete in addition to the **Acord** General Liability Application)  
 (Answer **ALL** questions - if they do not apply, indicate not applicable)

NAME (include dba / Inc. / LLC) : \_\_\_\_\_

1. Number of years experience: \_\_\_\_\_ Number of years in business: \_\_\_\_\_ Currently:  Full Time  Part Time

2. Location of Operations: \_\_\_\_\_ (State) \_\_\_\_\_ License# \_\_\_\_\_

3. Employee & Payroll information:

Employee Data		Number	Annual Payroll
Owner(s) only			
Exterminators:	Full Time		
	Part Time		
	Leased		

4. Description of Operations:

Operation	Sales	Percentage of Operation
Termite Inspections without Treatment (do not include sales of 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%

5. Does applicant subcontract work?..... yes  no

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

Type of subcontracted work? \_\_\_\_\_

Are Certificates of Insurance obtained? ..... yes  no

6. Does applicant exterminate other than insects or small household pests?..... yes  no

If yes, explain: \_\_\_\_\_

This supplemental application does not bind the Applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be part of the basis of the contract should a policy be issued. Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Print Signee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Producer's Signature