



Pest Control Questionnaire (Attach to an Acord Application)

Applicant's name _____

Address _____

Street City State Zip

Applicant's website address _____ Contact's email address _____

GENERAL INFORMATION

- 1) How long have you been in business? _____
- 2) If this is a new venture, describe your experience and qualifications in the pest control industry. _____

- 3) In what state(s) do you conduct business? _____
- 4) Total annual sales: \$ _____ Total annual payroll \$ _____
Number of employees: FT _____ PT _____
- 5) Are you a member of any trade organizations/associations? Yes No
a. If yes, please list their names: _____

- 6) What percentage of your work is: Commercial _____% Residential _____% Industrial _____%
- 7) Describe your employee training process, if applicable: _____

- 8) Does your pre-employment screening include background checks and drug testing? Yes No

PEST CONTROL SERVICES (% and Annual Sales)

- | | | | |
|---|---------|----------|--------------|
| <input type="checkbox"/> WDO/WDI Inspections | _____ % | \$ _____ | Annual Sales |
| <input type="checkbox"/> Bed Bug Treatment* | _____ % | \$ _____ | Annual Sales |
| <input type="checkbox"/> Mosquito Abatement** | _____ % | \$ _____ | Annual Sales |
| <input type="checkbox"/> Animal Trapping/Wildlife Control*** | _____ % | \$ _____ | Annual Sales |
| <input type="checkbox"/> General Pest Control (insect/rodent) | _____ % | \$ _____ | Annual Sales |
| <input type="checkbox"/> Fumigation Involving Tenting | _____ % | \$ _____ | Annual Sales |
| <input type="checkbox"/> Spraying or Treatment of Crops | _____ % | \$ _____ | Annual Sales |
| <input type="checkbox"/> Treating Bodies of Water | _____ % | \$ _____ | Annual Sales |
| <input type="checkbox"/> Bird Control at or Near Airports | _____ % | \$ _____ | Annual Sales |
| <input type="checkbox"/> Mold Inspections | _____ % | \$ _____ | Annual Sales |
| <input type="checkbox"/> Lawn care Services | _____ % | \$ _____ | Annual Sales |
| <input type="checkbox"/> Aerial Spraying or Dusting | _____ % | \$ _____ | Annual Sales |
| <input type="checkbox"/> Use of Explosives | _____ % | \$ _____ | Annual Sales |
| <input type="checkbox"/> Misting Systems/Mosquito Misters | _____ % | \$ _____ | Annual Sales |
| <input type="checkbox"/> Other _____ | _____ % | \$ _____ | Annual Sales |



***Bed Bug Treatment**

- 1) Describe your bed bug treatment procedures: _____
- 2) If your procedures include heat treatments:
 - a. Do you use a pre-service preparation list with clients outlining their responsibilities? Yes No
 - b. Prior to conducting work, what steps are taken to protect the fire suppression systems at the job site?

 - c. Is the customers' personal property removed from the treatment area? Yes No
 - d. Does the technician monitor the area receiving heat treatment? Yes No

****Mosquito Abatement**

- 1) Does your service involve fogging, spraying, or treatment operations applied from truck mounted sprayers or aircraft? Yes No
- 2) Do you provide abatement services to municipalities, communities, or public use spaces? Yes No
- 3) Do you install misting systems? Yes No
 - a. If yes, what precautions are taken to minimize exposure to people, pets, and the environment?

- 4) Do your services include the treatment of any bodies of water? Yes No
 - a. If yes, list the chemicals that are used and the types of bodies of water that are treated: _____

- 5) Do you treat any bodies of water where swimming is allowed? Yes No

*****Animal Trapping & Wildlife Control**

- 1) Do your services involve the removal of potentially dangerous wildlife?
e.g. large cats, crocodiles / alligators, carnivores including bears, bobcats, etc.? Yes No
 - a. If yes, describe the trapping and removal process. _____

OPERATIONS

- 1) Are all technicians licensed and certified? Yes No
 - a. If not, please explain why: _____
- 2) Do you use a written service agreement with your customers? Yes No
 - a. If yes, please attach a copy.
- 3) Do you provide Material Safety Data Sheets (MSDS) to each customer and discuss the hazards that exist and the precautions that must be taken regarding exposure to any chemicals? Yes No
 - a. Please explain: _____
- 4) Describe your customer record and retention procedure: _____
- 5) Describe how post-application information is communicated to the customer: _____

- 6) Do you verify that images used on your webpage or marketing materials are not copyrighted? Yes No



PESTICIDE USE

- 1) Do you use EPA "restricted use" pesticides? Yes No
- If yes:
- a. List the chemicals used: _____
 - b. When and where are they used? _____
 - c. List your EPA license #: _____
 - d. Are all "restricted use" chemicals applied by a certified applicator? Yes No
- 2) How many gallons of pesticides are kept on hand at one time? _____
- 3) What precautions are taken to ensure safe pesticide storage? _____
- 4) Do you sell pesticides or any other products? Yes No
- a. If yes, please describe: _____
- 5) 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)? Yes No
- a. If yes, please explain: _____
- 6) Are technicians trained on emergency spill control procedures? Yes No

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	Date
Agency Name	