



**COLONY INSURANCE COMPANY
PEST CONTROL
SUPPLEMENTAL APPLICATION**

General Agent Name

Address: _____

Phone: _____

Fax: _____

Date: _____

Insured: _____ Location: _____

General Information

Payroll:

Owner/Partner (\$16,000 ea.) \$ _____
Employee(s) \$ _____
Total Payroll \$ _____

Receipts:

Pest Control \$ _____
Termite Inspection \$ _____
Turf & Ornamental \$ _____
Other _____ \$ _____

Total \$ _____

Prohibit:

Aerial Pesticide Application
Agricultural Plant/Animal Pest Control
Aquatic Pest Control
Crop Application
Demonstrate/Research Pest Control

Forest Pest Control
Fumigation – Non-Agricultural
Fumigation – Soil and Agricultural Products
Wood Destroying Organism Pest Control

Pest Control Questionnaire

Are you licensed? ____ Yes ____ No Years Licensed? _____

- Applicator licenses and active license number owner and employees hold: _____
- Describe the Owner/Partners prior pest control experience: _____
- Describe all Department of Agriculture violations: _____
- Has your firm ever had their pesticide applicator license revoked or suspended? ____ Yes ____ No
If yes, provide detailed reasons and the dates: _____
- Do you provide warranties if no treatment is performed? ____ Yes ____ No
If yes, provide detailed reasons and the dates: _____
- List chemicals used that require certification or a permit by a regulatory body: None _____
- List the associations you are a member: _____

I hereby certify that all information is accurate to the best of my knowledge.

Applicant Signature: _____ Date: _____

Producer: _____ Date: _____