



PO Box 949, Troy, OH 45373
 (800) 648-0357 Fax: (877) 311-6887
 www.coxspecialty.com

Agent Name _____
 and Address _____
 Phone _____ Fax _____

Exterminators Supplemental Application

General Information

Proposed Effective Date _____
 Applicant Name (Legal) _____ Applicant Name (DBA) _____
 Web Address _____ Phone _____
 Number of years experience _____
 Number of years the business has been in this location _____
 Number of years the applicant has owned this business _____ Check if New Venture
 Hours of Operation From _____ To _____ Number of days business is open per week _____
 Have you owned another business under a different name or entity? Yes No
 If yes, please explain: _____

Do you own any other businesses or have any other locations? Yes No
 If yes, please explain: _____

Operations

1) Does applicant exterminate other than insects or small household pest? Yes No
 If yes, please explain: _____
 2) Does applicant subcontract work? Yes No
 If yes, Annual subcontract cost: \$ _____
 Type of work subcontracted: _____
 Are certificates of Insurance obtained? Yes No

Operation	Sales	Percentage of Operation
a. Termite inspections without treatment (do not include renewal of treatments)	\$	%
b. Termite treatment and renewal inspections	\$	%
c. Carpentry - Payroll \$ _____	\$	%
d. Exterminating -Residential	\$	%
e. Exterminating -Commercial	\$	%
f. Fumigation -Residential	\$	%
g. Fumigation -Commercial	\$	%
h. Crop dusting or spraying	\$	%
i. Tenting	\$	%
j. Other, Please describe	\$	%
Total Sales	\$	100%

FRAUD NOTICE

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

STATE SPECIFIC PROVISION

Ohio 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.

Pennsylvania 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.

West Virginia Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

I DECLARE THAT THE STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE

The applicant, agent and/or broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Applicant _____
Signature _____
Date _____

Producer _____
Signature _____
Date _____