

Robert A. Schneider Agency, Inc.  
 5620 Smetana Drive  
 Minnetonka, MN 55343  
 Phone: 952-938-0655 Fax: 952-938-0701

## PESTICIDE/HERBICIDE APPLICATORS QUESTIONNAIRE

(Complete in addition to Acord Application)

1. Applicant Name: \_\_\_\_\_
2. Certified Applicators' Name(s): \_\_\_\_\_
3. Applicators' license number and categories: \_\_\_\_\_
4. Is this business:      Full Time (30 or more hours per week)                      Part Time
5. Experience in pest control or herbicide application: \_\_\_\_\_  
     Years as Manager: \_\_\_\_\_   Years as Employee: \_\_\_\_\_
6. Indicate by percent the types of accounts you service:
 

Apartments _____%	Golf Courses _____%	Offices _____%
Churches _____%	Hospitals _____%	Restaurants/Bars _____%
Dwellings _____%	Industrial _____%	Schools _____%
Farms/Ranches _____%	Nursing Homes _____%	Other* _____%

\* For 'Other', please explain: \_\_\_\_\_

7. Show payroll, subcontract cost and receipts for each of the following services. Explain any with an (\*).

Service	Payroll	Subcontract Cost	Receipts
a. Aerial Spraying	_____	_____	_____
b. *Chemical Sales	_____	_____	_____
c. *Fertilizer Application	_____	_____	_____
d. General Household Pest Control	_____	_____	_____
e. Landscape Gardening	_____	_____	_____
f. Lawn/Yard Pest Control	_____	_____	_____
g. Spraying or Fumigation:			
(1) Crops (growing or standing)	_____	_____	_____
(2) Crops (stored or in transit)	_____	_____	_____
(3) Lakes or Ponds	_____	_____	_____
(4) Railroad Cars	_____	_____	_____
(5) Railroad Right-of-Way	_____	_____	_____
(6) Rivers	_____	_____	_____
(7) Shrubs or Bushes	_____	_____	_____
(8) *Trees	_____	_____	_____
(9) Ships	_____	_____	_____
(10) Storage Tanks	_____	_____	_____

	<u>Payroll</u>	<u>Subcontract Cost</u>	<u>Receipts</u>
h. Termite Control	_____	_____	_____
i. Termite Inspection	_____	_____	_____
j. *Tree Trimming or Removal	_____	_____	_____
*(Explanations): _____			

8. If you subcontract any work, do you obtain a certificate of insurance from your subcontractors prior to them performing any work on your behalf for:
- a. General Liability  Yes  No  
 Limits: \_\_\_\_\_
- b. Workers' Compensation  Yes  No
9. Do you use the following:
- a. Casual Labor  Yes  No
- b. Leased Employees  Yes  No
10. Do you sell any chemicals that are not pre-mixed prior to receipt by you?  Yes  No
11. Do you use any chemicals that are not approved for use by federal, state or local laws or regulations?  Yes  No  
 If 'Yes', please explain: \_\_\_\_\_
- 
12. Do your employees drive their own vehicles to each job site?  Yes  No  
 If 'Yes':
- a. Number of such employees: \_\_\_\_\_
- b. Do you require proof of auto liability insurance of each employee?  Yes  No  
 If 'Yes', what limit do you require? \_\_\_\_\_

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.

Completion of this form does not bind coverage or commit the Company to policy issuance.

**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 Name	Applicant Signature	Date
Producer Name	Producer Signature	Date