



# PESTICIDE/HERBICIDE APPLICATORS

PLEASE ANSWER ALL QUESTIONS  
IF THEY DO NOT APPLY, INDICATE "N/A" - IF SPACE IS INSUFFICIENT PLEASE USE SEPARATE SHEETS

1. **Name of Applicant:** \_\_\_\_\_

\_\_\_\_\_ No. of Years in Operation: \_\_\_\_\_

2. **Mailing Address:** \_\_\_\_\_

\_\_\_\_\_ **Website Address:** \_\_\_\_\_

3. Please give a complete description of Applicant's operations: \_\_\_\_\_

\_\_\_\_\_

What class of license is held by the Applicant? \_\_\_\_\_

4. a) If any of the following spraying operations are conducted, give extent:

Agricultural Crops: _____ %	Indoor/Structural (Extermination/Fumigation): _____ %
Lawn/Garden: _____ %	Roadside/Highway: _____ %
Other: _____ %	Railroad Beds: _____ %

Please describe: \_\_\_\_\_

b) Is the chemical "Prelude" used in any spraying operations?  Yes  No

If Yes, what percentage of total receipts goes towards usage of this chemical? \_\_\_\_\_ %

5. Payroll/Employees (annual estimate) **Number of:** **Payroll**

a) Office employees and salespersons: \_\_\_\_\_

b) Service employees/applicators: \_\_\_\_\_

c) Are all employees covered under WSIB?  Yes  No

6. Supply a breakdown of gross receipts from the above operations:

- a) Agricultural Crop Spraying: \_\_\_\_\_
- b) Indoor/Structural Extermination:  
Fumigation: \_\_\_\_\_
- c) Lawn/Garden Spraying: \_\_\_\_\_
- d) Roadside/Highway Spraying: \_\_\_\_\_
- e) Sales of pesticide products or other products (please describe): \_\_\_\_\_
- f) Railroad beds: \_\_\_\_\_
- g) Other: \_\_\_\_\_

Please describe: \_\_\_\_\_

7. Total Gross Receipts: \_\_\_\_\_

8. a) Describe work performed for Applicant by sub-contractors:  
\_\_\_\_\_

b) Provide percentage of receipts that go towards sub-contractors: \_\_\_\_\_ %

9. Is evidence of Liability Insurance obtained from all sub-contractors?  Yes  No

10. a) Confirm all operations are carried out in conformity with Provincial Pesticide Act Regulations:  Yes  No

b) Do all employees handling/applying chemicals have appropriate licenses?  
If No, Please explain:  Yes  No

\_\_\_\_\_

11. List courses, seminars, etc., that the principals and supervisory staff have completed:

\_\_\_\_\_  
\_\_\_\_\_

12. What training is provided to new employees?

\_\_\_\_\_  
\_\_\_\_\_

13. If consultants involved in connection with Applicant's operations, please identify their type of work:

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14. How long has the Applicant been in business? \_\_\_\_\_

Describe Applicant's experience in this business:

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15. Describe the average size of job undertaken by the Applicant:

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16. Describe any Contractual Agreements where you assume the liability of another party (except lease of premises, easement, or side-track agreements):

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17. Does applicant presently carry insurance?  Yes  No

If Yes, who is present insurer: \_\_\_\_\_ Premium: \_\_\_\_\_

Is the present insurance Claims Made?  Yes  No If Yes, state retro date: \_\_\_\_\_

Are they willing to renew?  Yes  No  
If No, please explain:

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Does the policy cover all operations of the Insured?  Yes  No  
If No, please describe:

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**18. Claims History**

Include total costs from ground up for each claim, including defense costs and deductible. Include loss experience of companies which have been taken over or merged with your company.

Date of Occurrence	Describe Occurrence And Injury or Damage	A M O U N T				Status
		Reserve	Paid	Expenses	Deductible	

Are you aware of any other incidents which may result in claims against you?  Yes  No  
 If Yes, give details:

**21. Non-Owned Automobile**

Number of employees using their cars on company business: Regularly \_\_\_\_\_ Occasionally \_\_\_\_\_

Estimated annual cost of:  
 hired cars \_\_\_\_\_ cars operated under contract \_\_\_\_\_

**22. Accident Prevention and First Aid**

First Aid Post:  
 Doctors: \_\_\_\_\_ Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_ Nurses: \_\_\_\_\_ Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Fire alarm – other warning systems: \_\_\_\_\_

Is there a security officer or are there loss prevention engineers employed?  Yes  No

23. Please indicate limit(s) of liability required: \_\_\_\_\_

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This application does not bind the Applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**IMPORTANT NOTICE:** As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning various risk characteristics. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

It is mutually agreed between the Company and the Applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the Applicant in any respect.

**For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd's Underwriters' insurance business in Canada.**

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Signature of Applicant (authorized representative)

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Date

SUBMITTED BY: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**For contact information visit:  
[www.markelinternational.ca](http://www.markelinternational.ca)**