Workers' Compensation Supplemental Application **Class Specific Questions**

Pest Control Please provide # of employees for each position below: A. technicians assistants (help the technicians by carrying supplies) B. pest control technicians (known as an applicator in some areas) C. supervisors 2. Are all pest control technicians licensed or certified to apply all types of pesticides \(\subseteq \text{No} \subseteq \text{Yes} \) 3. Do technician assistants apply pesticides? No Yes 4. If so is it under the direct supervision of a fully licensed or certified pest control technician? Yes 5. How much classroom instruction is given before technicians and assistants are permitted to do offsite work? \quad No \quad Yes 6. Does this risk do termite fumigation? ☐ No ☐ Yes 7. Are the pest control technicians required to provide proof of continuing education in their field to retain their certification or licensure? \(\subseteq \text{No} \subseteq \text{Yes} \) 8. Does the insured have a written safety program, which is provided for all employees who have contact with chemicals? No Yes 9. How often are workers whose jobs involve frequent contact with chemicals required to undergo toxicology tests? ☐ No ☐ Yes 10. Does the insured maintain up to date materials safety data sheets (MSDS), and are these readily available for workers to review at any time? ☐ No ☐ Yes 11. As part of their in-house training, have employees received instruction in proper techniques for moving and lifting heavy objects? ☐ No ☐ Yes 12. Are workers trained to perform a visual inspection of any extension ladders prior to using them? 13. Are all service vehicles equipped with an easily accessible first aid kit that includes an emergency antidote for bee stings? No Yes 14. Are first aid kits placed in the risks chemical storage area and in the office. \square No \square Yes 15. Does risk have strict policies regarding the wearing of appropriate PPE whether workers are handling chemicals on risk premises or whether they are mixing or applying them at offsite locations? ☐ No ☐ Yes



Signature Title Date

The above information has been provided in order to obtain workers' compensation and is complete and accurate. I understand, however, that an ACORD application must also be fully, truthfully and accurately completed. I further understand that the information provided in the ACORD application will be relied upon in deciding whether to issue a workers' compensation policy, even in the information provided in the ACORD application differs from that provided above. I also understand that providing false or incomplete information may constitute fraud or a material misrepresentation that could result in substantial criminal penalties, civil litigation and penalties, damages, and/or voiding or cancellation of the workers' compensation policy.