



Baker Insurance Services

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NOTE: All Questions Must Be Answered



INSURANCE RENEWAL QUESTIONNAIRE FOR PEST CONTROL PROGRAM

- Effective Date: _____ Expiration Date: _____
- NAME: _____
(COMPLETE NAME AS IT SHOULD APPEAR ON THE POLICY, INCLUDING INC., CORP., LTD., ETC.)
- Physical Address: _____
(As it should appear on policy) STREET CITY COUNTY STATE ZIP
- Mailing Address: _____
(As it should appear on policy) STREET CITY COUNTY STATE ZIP
- Phone: _____ Fax: _____
- Email: _____ Website: _____
- Person to contact: _____ Title: _____

8. Gross Receipts, Payroll and Chemical Information For Renewal Policy Period:

	Estimated Gross Receipts	Estimated Gross Payroll	Chemicals/Products or Baiting Systems Utilized
• WDO/WDI Inspections.....	\$ _____	\$ _____	_____
• Bedbugs.....	\$ _____	\$ _____	_____
• Insects (not including Termites or Bedbugs).....	\$ _____	\$ _____	_____
• Rodents	\$ _____	\$ _____	_____
• Termites	\$ _____	\$ _____	_____
• Mosquitoes.....	\$ _____	\$ _____	_____
• Landscape Gardening (laying out grounds, planting trees, shrubs, flowers, etc.).....	\$ _____	\$ _____	_____
• Tree/Shrub or Lawn Spraying, Dusting (<u>license required</u> to apply chemicals used).....	\$ _____	\$ _____	_____
• Lawn Care (mowing, edging, fertilizing, <u>using over the counter chemicals</u>).....	\$ _____	\$ _____	_____
• Fumigation	\$ _____	\$ _____	_____
• Pre-treatments	\$ _____	\$ _____	_____
• Product sales	\$ _____	\$ _____	_____
• Termite repair work (light carpentry)	\$ _____	\$ _____	_____
• Other Operations (Specify):	\$ _____	\$ _____	_____
			Cost (actual amount paid to subcontractor):
• Subcontracted Work.....	\$ _____	\$ _____	_____

- Have there been any changes in your operations or type of work performed since last year? Yes No If yes, please explain: _____
- Have there been, or are you aware of any claims incurred over the last 3 years that we are not aware of? Yes No If yes, please provide loss runs or details: _____