



PESTICIDE/HERBICIDE SUPPLEMENTAL QUESTIONNAIRE

IN ORDER TO DETERMINE IF WE CAN PROVIDE THE COVERAGE
REQUIRED BY LAW, THE FOLLOWING INFORMATION IS REQUIRED

Named Insured/Applicant

1. Description of insured's operations:
2. License Number: Year Licensed
3. Types and Names of Chemicals Used

TYPE OF CHEMICAL	NAME OF CHEMICAL

4. If not an "over the counter" type, please provide the label or chemical makeup of the items used.
5. Is a sprayer used to apply the chemicals? Yes No
 - a. If YES, advise the number of gallons held by the sprayer
 - b. Is it a portable unit? Yes No Is it bolted to a truck? Yes No
 - c. What is the percent of liquid vs the percent of solid? Liquid % Solid %
6. What percent of gross receipts is derived from the use of chemicals? %
7. Any chemical treatment of lakes or streams? Yes No
8. Have you attended any formal training regarding the use and application of the pesticides/herbicides? Yes No
9. Do you provide any formal training regarding the use and application of the pesticides/herbicides? Yes No
10. Formal Training: Provide specifics on training, certification, etc.

Type of Training Program	Date of Training	Who was certified

11. Are all personnel handling pesticides/herbicides knowledgeable in the hazards of the chemicals? Yes No
12. Does the insured perform any municipal work? Yes No
If YES, please explain.

**IMPORTANT: COVERAGE IS NOT BINDING UNTL THE COMPANY REVIEWS THIS
QUESTIONNAIRE AND IT IS FOUND TO MEET OUR UNDERWRITING STANDARDS.**

Insured's Signature _____ Date _____

Agent Signature _____ Date _____