



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 _____