

Pesticide or Herbicide Supplement



Named Insured	
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Your policy will include coverage limits of \$50,000 with a \$2,500 deductible. Complete this supplement only if you are requesting higher limits or other deductibles. This coverage does not apply to outside contractors.

1. Optional Limits and Deductibles

Available Limits Per Occurrence		Aggregate Limits		Available Deductibles for All Limits			
\$,	<input type="checkbox"/>	\$,	<input type="checkbox"/>	\$,	<input type="checkbox"/>	\$,	<input type="checkbox"/>
\$,	<input type="checkbox"/>	\$,	<input type="checkbox"/>	\$,	<input type="checkbox"/>	\$,	<input type="checkbox"/>
\$,	<input type="checkbox"/>	\$,	<input type="checkbox"/>	\$,	<input type="checkbox"/>	\$,	<input type="checkbox"/>
\$, ,	<input type="checkbox"/>	\$, ,	<input type="checkbox"/>				

2. Employees Who Apply Pesticides or Herbicides

a. Provide total number of employees	
b. Provide copies of all licenses or certifications for all employees	

3. Chemicals Storage and Disposal

Check below where chemicals are stored

a. Off-site	<input type="checkbox"/>	Locked storage facility on-site	<input type="checkbox"/>	Other (Specify)
b. Describe procedures for disposal of empty containers and unused products				

4. Treatment Information

Treatment Location	Treatment Frequency	Purpose of Treatment (roaches, insects, garden, weeds, etc.)	Chemical Type/Name (liquid spray, dusting, gas)
a. Inside			
b. Outside			
c. Describe instructions or warnings provided to tenants at the time of application			

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