



Dallas
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hullandco-texas.com

**PEST CONTROL
 SUPPLEMENTAL APPLICATION**

 General Agent Name
 Address: _____

 Phone: _____
 Fax: _____

Date: _____

Insured: _____ Location: _____

General Information

Payroll:

Owner/Partner (\$16,000 ea.) \$ _____
 Employee(s) \$ _____
 Total Payroll \$ _____

Receipts:

Pest Control \$ _____
 Termite Inspection \$ _____
 Turf & Ornamental \$ _____
 Other _____ \$ _____
 Total \$ _____

Prohibit:

Aerial Pesticide Application
 Agricultural Plant/Animal Pest Control
 Aquatic Pest Control
 Crop Application
 Demonstrate/Research Pest Control

Forest Pest Control
 Fumigation – Non-Agricultural
 Fumigation – Soil and Agricultural Products
 Wood Destroying Organism Pest Control

Pest Control Questionnaire

Are you licensed? ___ Yes ___ No Years Licensed? _____

- Applicator licenses and active license number owner and employees hold: _____
- Describe the Owner/Partners prior pest control experience: _____
- Describe all Department of Agriculture violations: _____
- Has your firm ever had their pesticide applicator license revoked or suspended? ___ Yes ___ No
 If yes, provide detailed reasons and the dates: _____
- Do you provide warranties if no treatment is performed? ___ Yes ___ No
 If yes, provide detailed reasons and the dates: _____
- List chemicals used that require certification or a permit by a regulatory body: None _____
- List the associations you are a member: _____

I hereby certify that all information is accurate to the best of my knowledge.

Applicant Signature: _____ Date: _____

Producer: _____ Date: _____