

**Mosquito Control Insurance Program
Rating and Underwriting data sheet.**

Business Name: _____

Mailing Address:

City: _____ **State:** _____ **Zip:** _____

Location Address:

City: _____ **State:** _____ **Zip:** _____

Email _____

Business Phone: _____ **Fax:** _____

Contact Person(s): _____ **FEIN#** _____

Effective Date: _____

Corporation _____ **Partnership** _____ **Individual** _____ **LLC** _____

Officers/Owners _____ **PC license #** _____

Total number of employees (incl. owners) _____ **Number of Technicians** _____

Estimated annual gross receipts:

Mosquito _____ **Other** _____

Limits of liability desired:

\$300,000 \$500,000 \$1,000,000

Current coverage is with: _____

Once you have completed this form you can forward it to the address below or fax it to 352-796-0354 or by email to gbell@snowbellins.com

*Snow & Bell, Inc.
P.O. Box 338
Brooksville, FL 34605*