

**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

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