Pest Control Operators Insurance Program Rating and Underwriting data sheet.

Business Name:				
Mailing Address:				
City:	State:	Zip:		
Location Address:				
Business Phone:	Fa	ax:		
Contact Person(s):		FEIN#_		
Email:			PCO License #	
Expiration Date:	Nur	nber of Years in Busin	ness	
Corporation Partnership	Individual	LLC		
Total number of employees (incl. own	ers)	Number of Techn	icians	
Estimated annual gross receipts:				
GHPL&O		Bed Bugs	Mosquito	
Termite work: New sales	Pre-	treats	Renewals	
WDO Inspections	# of Ann	ıal inspections	Fume	
Termite bait systems: New sales		Renewals		
Type of Baiting System(s) used				
Estimated annual payroll: L&O		Fume		
Property damage deductible desired:	1,000,000 🗆 (OTHER		
□ \$500 □ \$1,000 □ \$2,500	□ OTHER_			
			nave 4 years of loss run reports an east four (4) years and attach loss	
Current year: Insurance Company:			_, Premium:	
First Prior: Insurance Company:			_, Premium:	
Second Prior: Insurance Company: Insurance Company:			_, Premium: _, Premium:	
Time Frior: Insurance Company:			_, 1 1 CHIIUIII;	

Once you have completed this form you can forward it to the address below or fax it to 352-796-0354 attn: Pest Control Dept.

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