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PESTICIDE/HERBICIDE APPLICATORS SUPPLEMENT TO GENERAL LIABILITY INSURANCE APPLICATION

Name of Applicant: _____

1. Please describe the Insureds operations:

What class of applicators license is held by the Applicant? _____
Please attach copy.

2. If any of the following spraying operations are conducted, give extent:

Agricultural Crops: _____ % Extermination/Fumigation: _____ % Indoor/Structural: _____ %
Lawn/Garden: _____ % Railroad Beds: _____ % Roadside/Highway: _____ %
Other, please describe: _____ % _____

3. Supply a breakdown of gross receipts from the above operations:

a) Agricultural Crop Spraying: \$ _____
b) Extermination– Fumigation: \$ _____
c) Indoor/Structural: \$ _____
d) Lawn/Garden Spraying: \$ _____
e) Roadside/Highway Spraying: \$ _____
f) Sales of pesticide products or other products: \$ _____
g) Railroad beds: \$ _____
h) Other: \$ _____

Total receipt \$ _____

4. What quantities of pesticides, herbicides or agricultural chemicals are stored? _____

Is the applicant subject to CPIC or AWSA protocols? Yes No

If Yes, specify which location _____

Please provide copy of Audit Certificate.

5. Describe work performed for Applicant by sub-contractors and provide percentage of receipts. _____%

6. (a) Confirm all operations are carried out in conformity with Provincial Pesticide Act regulations. Yes No

(b) Do all employees handling/applying chemicals have appropriate licenses? Yes No

If No, please explain. _____

(c) What training is provided to new employees? _____

(d) Describe the average size of job undertaken by the Applicant: _____

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This supplement, together with the General Liability application to which it is attached, constitute the Applicant's representations and will form the basis of any policy that may be issued.

Signature of Applicant _____

Dated _____