



SUPPLEMENTAL APPLICATION FOR INSURED WHO ARE OPERATORS AND SUBJECT TO THE PEST CONTROL PRODUCTS (SASKATCHEWAN) ACT AND REGULATIONS

- 1. Named Insured on Existing My Mutual Insurance Policy
Existing Policy Number
2. Existing Liability Coverage is (check applicable answer) Underlying Liability coverage must be carried.
Commercial General Liability
Farm Liability
Personal Liability
3. Pesticide Service license number Renewal Date
4. Name in which the Pesticide Service License is held (attach a copy)
5. Pesticide Applicator License (for each Operator) (attach a copy)
6. How many years has the Operator(s) held a Pesticide Applicator License? years
7. How many years has Operator been "custom spraying"? years
8. What are the Operators annual receipts from:
Land Extermination \$
Water Extermination \$
Structural Extermination \$
Air Exterminator \$
**if any Water, Structural or Air Extermination is done, My Mutual is unable to write any liability.
9. How many acres did the Operator spray during the previous year? Acres
10. How many employees does the operator have in the extermination business? Total
Full time Part time
10. Is Workers Compensation Premium paid for all employees of the extermination business? Yes No
Workers Compensation Firm Number
11. Has the Operator been named in any Third Party Bodily Injury or Property Damage action arising from the extermination business in the past 5 years Yes No
If yes, provide detail on a separate page including date, parties involved & present status of action.
12. Has the Operator been involved in any Ministry of the Environment clean-up orders in the past 5 years? Yes No
If yes, provide detail on a separate page including date, parties involved & present status of clean-up.
13. Current Pollution Liability Insurer (if different from this existing policy)
Policy No.
14. Does the operator also hold any Vendors License(s)? Yes No
COVERAGE IS NOT AVAILABLE FOR VENDOR OPERATIONS
15. Other Comments

I have correctly answered all the questions pertaining to my extermination business, Pesticide Service License and Operators License coverage. Consumer and previous insurer reports containing personal, credit, factual or investigative information may be sought in connection with this application for insurance or a renewal, extension or variation of the insurance applied for.

Dated at this day of 20
Signature of Applicant Signature of Witness