



PRAXIS
INSURANCE ASSOCIATES

Workers Compensation Supplemental Application Pest Control

Account Information	
Named Insured:	
Federal Employer ID No.:	
Website:	
Contact Name/Number:	
Prior Premium Information	
Expiring:	
Prior Year:	
Prior Year:	
Prior Year:	
Prior Year:	
Prior Payroll Information	
Projected Payroll:	
Current Year:	
Prior Year:	
Prior Year:	
Prior Year:	

Operations and Benefits	
Detailed Description of Operations:	
Hours of Operation and Number of Shifts:	
Driving or Delivery Mileage:	<input type="checkbox"/> <50 <input type="checkbox"/> 51-100 <input type="checkbox"/> 101+ <input type="checkbox"/> No Driving Exposures

Group Transportation (more than 4 employees):	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are vehicles company owned:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Vehicle Maintenance Program:	<input type="checkbox"/> No <input type="checkbox"/> Yes
If so, by who:	<input type="checkbox"/> Outside Vendor <input type="checkbox"/> In-House Mechanics <input type="checkbox"/> Other
Overnight travel by employees:	<input type="checkbox"/> No <input type="checkbox"/> Yes
If so, frequency:	
Full Time Employees:	
Part Time Employees:	
Seasonal Employees:	
Independent Contractors Used:	<input type="checkbox"/> No <input type="checkbox"/> Yes Job Function:
How are employees paid:	<input type="checkbox"/> Hourly <input type="checkbox"/> Piece rate <input type="checkbox"/> Commission <input type="checkbox"/> Salary <input type="checkbox"/> Other (please explain):
Average Hourly Wage:	\$
Paid Sick Time:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Any Industry Group Membership:	<input type="checkbox"/> No <input type="checkbox"/> Yes Association:
Group Health Coverage:	<input type="checkbox"/> No <input type="checkbox"/> Yes Plan Name:

Pest Control	
Will the insured strictly work with insects and vermin? If not, describe:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Does the insured use any bucket trucks, scissor lifts or any other mechanical lifts?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Any work performed on or around swamplands, lakes, reservoirs, gulf/bay/ocean, rivers, or other significant water body exposures?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Any fogging, fumigation, and/or tenting operations? If yes, describe:	<input type="checkbox"/> No <input type="checkbox"/> Yes

Any mixing of chemicals (other than dilution)?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Does the insured engage in any Bird control or other Wildlife control operations?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Does the insured have any major moving violations or "3 or more" minor moving violations within the past 5 years?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Does the insured engage in any Mosquito control?	<input type="checkbox"/> No <input type="checkbox"/> Yes

Hiring Practices	
Written Application:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Reference Checks:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Physicals:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Pre-hire drug testing:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Post-accident drug testing:	<input type="checkbox"/> No <input type="checkbox"/> Yes
MVR Checks	<input type="checkbox"/> No <input type="checkbox"/> Yes
Criminal Background Checks:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Documentation of pre-existing injuries:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Return-To-Work/Light Duty Available:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Subcontractors Used:	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what % of payroll is assigned to subs: %
Are certificates of insurance obtained for subs:	<input type="checkbox"/> No <input type="checkbox"/> Yes

Safety Program and Organization	
Safety Program in Place:	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes: <input type="checkbox"/> Formal/Written <input type="checkbox"/> Informal/Verbal
Safety Incentive:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Safety Training:	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, is the training: <input type="checkbox"/> Documented or <input type="checkbox"/> Verbal

