

**PEST CONTROL SUPPLEMENTARY
WORKERS COMPENSATION APPLICATION**

LEMIC INSURANCE COMPANY

C/O CCMSI

Post Office Box 6967

Metairie, Louisiana 70009

PHONE: (866) 314-9970 FAX: (866) 883 8413

NAME OF APPLICANT: _____

MAILING ADDRESS: _____

CITY/ STATE/ ZIP: _____

Does this applicant perform termite control? _____

Any use of poisonous gases (fumigation)? _____

Any structure "tenting" (covering structure with material to retain the gas)? _____

If yes, what type of protective clothing is worn when fumigating? _____

Details of fumigation (i.e. if tenting, give percentage of fumigation work performed)...

Confirm no tenting over large commercial structures over two stories, grain silos, truck, ship cargo bays and rail cars... _____

Give details on any "carpentry" type work/repairs performed... _____

How many company owned vehicles? _____

How many employees drive? _____

Are MVR's checked on all drivers pre-hire & annually? _____

Do employees use personal vehicles? _____

Does the applicant maintain a Business Auto Policy? _____

What is the maximum and type of violation allowed? _____

What is the radius of operations? _____

How are the employees paid, W-2 or 1099? _____

Provide 5 years currently valued detailed loss runs & premium history...

Provide a copy of the current NCCI modifier worksheet....