

**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: \_\_\_\_\_

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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....