



AEGIS SECURITY INSURANCE COMPANY

I hereby apply for General Liability coverage and Accident Insurance as offered through the National Wildlife Control Operators Association described in the Certificate of Coverage and I understand that coverage will not take effect until the full premium and application have been received by our authorized representative.

Name of Applicant _____

Business Name _____

Street Address _____

City _____ State _____ Zip _____

Telephone Number: ____ - ____ - _____ Fax Number: ____ - ____ - _____

Social Security Number/EIN ____ - ____ - _____ E-mail address: _____

Name of owner: _____ SS# ____ - ____ - _____

Beneficiary Name _____ Relationship to Insured _____

Name of co-owner: _____ SS# ____ - ____ - _____

Beneficiary Name _____ Relationship to Insured _____

Name of employee _____ SS# ____ - ____ - _____

Beneficiary Name _____ Relationship to Insured _____

Name of employee _____ SS# ____ - ____ - _____

Beneficiary Name _____ Relationship to Insured _____

Attach additional sheet for additional employees.

Do you currently have other accident or medical insurance in force? _____

Name of Company and Policy Number _____

Requested Effective Date of Coverage _____

Have you had any claims? _____ If so, describe and list amount paid by your insurance company on a separate sheet.

Limit requested \$300,000 / \$600,000 ____ \$500,000/ \$1,000,000 ____ \$1,000,000/\$2,000,000 ____

Pesticide endorsement yes ____ no ____ If yes, Basic ____ Broader ____
Are you a Certified Wildlife Control Professional with NWCOA? yes ____ no ____



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I understand that I must be a member in good standing with NWCOA to qualify for the insurance coverage offered on this application.

Applicant signature _____ Date _____

I understand that under the accident medical policy any claim that occurs while I am operating a vehicle or riding as a passenger in a vehicle, the claim will be considered a "not at work claim" and would be paid under the "24 hour coverage". You are not at work if you are in a vehicle.

Applicant signature _____ Date _____

I understand that under the accident medical policy, any claim for "hernia" will not be considered an accident. There is no coverage for hernia under the accident policy.

Applicant signature _____ Date _____

I acknowledge that there is no coverage under the general liability policy or under the accident medical policy for any work involving bears or alligators.

Applicant signature _____ Date _____

I acknowledge that there is no coverage under the general liability policy or under the accident medical policy (at work coverage) for anything other than Nuisance Wildlife Control Operations and Exclusion Work. This policy provides no Liability coverage for anything that is not Nuisance Wildlife Control Operations and Exclusion Work.

Applicant signature _____ Date _____

I understand that my policy premium is "fully earned" when the policy is issued. I understand that "fully earned" means that I would not get a refund on my policy if I cancel the policy prior to its expiration.

Applicant signature _____ Date _____

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY substantial] civil penalties. (Not applicable in CO, HI, NE, OH, OK, OR; In ME and VA, Insurance benefits may also be denied)

Applicant signature _____ Date _____

Please make check payable to **Christian-Baker Co.**

Christian-Baker Co.
P.O. Box 158
Camp Hill Pa 17001

Phone, 717-761-4712
Fax, 717-761-5810

E-mail jimp@buybestins.com