



**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 \_\_\_\_



**CHRISTIAN-BAKER COMPANY**

Telephone: (717) 761-4712  
Fax: (717) 761-5810

*Insurance*

POST OFFICE BOX 158  
CAMP HILL, PENNSYLVANIA 17001-0158

## NWCOA Program Page Two

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](mailto:jimp@buybestins.com)