

**SEND ALL SUBMISSIONS TO:**

**Program Administrator**

3042 Old Forge Dr, Ste A • Baton Rouge, La. • 70808

225-927-3283 • 800-893-9887 • 225-927-3295 (Fax)

Email address: { HYPERLINK "mailto:Info@LIPCA.com" }

**FUMIGATION SUPPLEMENTAL PART**

Must Be Completed and Signed by Applicant and Producer if Fumigation of Any Type is Performed

**N. FUMIGATION CONTRACTING SERVICES - \$ OF RECEIPTS**

Check types of contracting services Applicant provides, and provide the estimated contract volume during the next twelve (12) months for each.

Structures and Buildings

Fumigants Used:

Residential \$ \_\_\_\_\_

Vikane

Commercial \$ \_\_\_\_\_

Methyl Bromide

Commodity \$ \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Ships / Barges \$ \_\_\_\_\_

Total Direct Fumigation Receipts: \$ \_\_\_\_\_

Aircraft \$ \_\_\_\_\_

Total Subcontracted Fumigation Receipts: \$ \_\_\_\_\_

Cost of Subcontractor: \$ \_\_\_\_\_

Net Receipts (Profit): \$ \_\_\_\_\_

Agricultural Equipment \$ \_\_\_\_\_

"Heat Fumigations" are not covered under the terms of the policy.

Other (describe) \$ \_\_\_\_\_

**FUMIGATION CONTRACTORS - SECURITY PROVIDED**

Security and Safeguard Service is provided continuously from acceptance of risk by Applicant until released back to owner if a requirement per state law.

**CURRENT LICENSEE LIST INVOLVED WITH FUMIGATION; IF NONE, SO STATE**

OWNER, OFFICERS & EMPLOYEE NAME	YEARS EMPLOYED	APPLICATOR LICENSE NUMBER	STATE	EXPIRATION DATE	CATEGORIES LICENSED

**APPLICANT'S SIGNATURE**

**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 VT: in DC, LA, ME and VA, insurance benefits may also be denied)**

**By acceptance of an insurance policy based on this application, the Insured agrees that the statements in this application are the Insured's representations, that they shall be deemed material and that the insurance policy is issued in reliance upon the truth of such representations, and that the insurance policy embodies all agreements existing between the Insured and the Company, or any of its agents, relating to this insurance. Insured also acknowledges that this application, including all statements and representations contained therein, will be incorporated herein and made a part of the policy.**

**Applicant's Signature:**

**Date:** / /

**Producer's Signature:**

**Date:** / /