



PEST CONTROL INSURANCE QUERY

Company Name: _____

Address: _____

Contact Name: _____ Contact No: _____

Names of Owners/Directors: _____

How long have you been operating: _____ Company Type: _____

If you have been operating less than 3 years, what previous experience have you had in the industry?

QUESTIONS	ANSWER
Have you ever had any liability claims?	
What is your annual turnover?	
How many staff do you have?	
Do you use contractors?	
Who is your current insurer? A copy of currently policy would be helpful.	
What date does your current insurance expire?	
What portion of your business income is from use of heat treatments?	
What portion of your business income is from use of chemical treatments?	
What portion of your turnover is from sale of products?	
Do you work in cool stores, ports, airports, timber mills, food, or pharmaceutical manufacturers, mines or other significant risk locations?	
Do you use firearms?	
Do you charge a fee for professional advice or consultancy?	
Do you provide any services other than pest control?	
What Policies are you looking for:	
➤ Indemnity, approximately what level _____	Yes / No
➤ Public Liability, approximately what level _____	Yes / No
➤ Vehicle, approximately how many vehicles _____	Yes / No
➤ Approximately value _____	
➤ Building, approximately what level _____	Yes / No
➤ Income Protection	Yes / No
➤ Other _____	Yes / No

All information is strictly confidential and will not be released to anyone except our Insurance Agent. Once completed, please return to info@alpeco.co.nz who will get our Insurance Agent to contact you.