



Great Scot! Insurance, Inc.

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Daniel Wall, Agent

LIABILITY QUOTE INFORMATION

Proposed Effective Date: _____

Applicant's Name: _____

Office Contact: _____

Mailing Address: _____

Business Location: _____

County: _____

Phone Number: _____ Fax Number: _____

E-Mail Address/Web Site: _____

CORPORATION

SOLE PROPRIETOR

PARTNERSHIP

PCO license number: _____ FEIN: _____

Year business started: _____ Years in industry: _____

No. of employees: _____ Fiscal year ends: _____

Liability limits desired: \$ _____ *per occurrence* / \$ _____ *general aggregate*

Anticipated total gross receipts for the next policy period, from all sources:

Pest Control (GHP): _____

Fumigation Treatment: _____ Fume Sub-Out (Net): _____

Termite: Sales (New): _____ Termite: Renewals: _____

Termite: WDI Inspections: _____

Bed Bugs: _____ Heat Treatment? Yes ___ No ___

Lawn & Ornamental - Sales: _____ L & O Payroll: _____

Landscape Mntc - Sales: _____ Mntc Payroll: _____

Which Pest Control Association(s) do you belong to?: _____

Please list the top three (3) Pesticides / Herbicides used by your company:

** In order to apply for rate experience discounts, please list insurance carriers for the past four (4) years.*

CURRENT YEAR: _____ COMPANY: _____ LOSSES: _____

1st PRIOR YEAR: _____ COMPANY: _____ LOSSES: _____

2nd PRIOR YEAR: _____ COMPANY: _____ LOSSES: _____

3rd PRIOR YEAR: _____ COMPANY: _____ LOSSES: _____