



Pesticide and Herbicide Supplement

Named Insured	
---------------	--

What is the maximum amount of pesticide/herbicide in storage at any one time in each of the following containers	Are "Restricted Use" pesticides used (If yes, please advise how often) <input type="checkbox"/> Yes <input type="checkbox"/> No	
55 Gallon Drums		
Gallon Tanks		
Pound Bags		
Are mixing operations primarily	Do employees and /or supervisors possess EPA licenses (Applicator certification and license only required for use of "Restricted Use" chemicals) <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Automated <input type="checkbox"/> Manual	If EPA licensed, please provide a copy	Expiration date of license
What is the ratio of crew level unlicensed applicators to licensed commercial applicators on staff (Ratio<10:1 is desired)	Describe personal protective equipment used (Mixers should use gloves, face shields, aprons and boots)	
	Are written procedures available for this function <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Does the insured maintain the following records for at least 2 years:	
	Location of pesticide application	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Date, time and weather conditions at the time of application	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Trade name, EPA registration number and amount of pesticide applied	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Type, amount, location and method of pesticide disposal	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Are the following safety precautions followed for all applications:	
	Members /guests are notified verbally	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Post application / flagging and / or placarding of pesticide/herbicide	<input type="checkbox"/> Yes <input type="checkbox"/> No

Describe all other safety precautions followed