



CITY OF BAY CITY, MICHIGAN
EXTERMINATOR LICENSE APPLICATION

License Year _____

Applicant's Name _____ Birthdate _____

Home Address _____

Business Name _____
Business Address _____

Residence Phone: _____ Business Phone: _____ Cell Phone: _____
e-mail address: _____

If Corporation, Company, or Partnership, list names and addresses of all owners or offices:

If Local Agent: Name _____ Phone No. _____
Address _____

List dates of any previous license issued by Bay City to the applicant for the same activity: _____

Have you ever had a license refused or revoked for the same activity? _____
If yes, please explain _____

Name of pesticides and/or chemicals being used _____

Quantities and location or locations where pesticides, and/or chemicals are being stored _____

It is hereby understood that the foregoing license, if granted, will not authorize extermination by fumigation. It is hereby certified that the applicant and its employees have read the applicable sections of the BOCA National Fire Prevention Code and shall comply with such code as it relates to hazardous chemicals, pesticides and extermination.

Signature

License Fee \$25.00

Date Insurance Approved: _____

LICENSE NO. _____

DATE ISSUED _____

List names, addresses, and ages of all employees, together with training and experience of each, on the reverse side of this application.

INSURANCE REQUIREMENTS FOR FUMIGATORS/EXTERMINATORS

Each fumigator/exterminator shall purchase and maintain such comprehensive general liability and other insurances as will provide the protection set forth in the indemnification requirements in Section 20-29 (b) of the Bay City Code of Ordinances and as are appropriate for the work being performed within the City of Bay City, which shall provide protection from claims for injuries, damages, or losses which may arise out of, result from, or be caused by the fumigator/exterminator's performances, whether it is to be performed or furnished by the fumigator/exterminator, its employees and agents, or by anyone directly or indirectly retained or employed by it to perform or furnish any of the performances, work, labor, or services. The required coverages are:

Comprehensive General Liability Insurance. Each fumigator/exterminator shall obtain and maintain comprehensive general liability insurance (occurrence basis), which shall include coverages for all premises and completed operations, contractual liability, and personal injury liability endorsement, in the following amounts: \$1,000,000 for injuries, including accidental death, to any one person, and \$1,000,000 for injuries, including accidental death, resulting from one accident; property damage in the amount of not less than \$1,000,000 per accident and the same amount in the aggregate. Said comprehensive general liability, or other special form of liability insurance, shall further protect persons or property for the amounts of coverage set forth above for claims loss, injuries, or damages resulting from or arising out of or caused by the use of any poisonous gases, chemicals, or other hazardous or dangerous agents or materials used by the licensee hereunder, or any of its agents or employees or anyone directly or indirectly employed by it or anyone for whose acts it may be liable.

Comprehensive Vehicle Liability. Each fumigator/exterminator shall purchase and maintain a comprehensive vehicle liability policy to cover bodily injury and property damage arising out of the ownership, maintenance, operation, or use of any motor vehicle, including owned, non-owned, and hired vehicles. The comprehensive vehicle liability shall be written in the minimum amount of \$1,000,000 for injuries, including accidental death, to any one person, and \$1,000,000 for injuries, including accidental death, resulting from any one accident. This policy must also provide \$1,000,000 property damage coverage.

Workers Compensation Insurance. Fumigators/exterminators shall provide for its employees workers compensation insurance, including employer's liability to cover employee injuries or disease compensable under the Workers Compensation Statutes of Michigan.

THE CITY OF BAY CITY SHALL BE NAMED AND ENDORSED AS AN ADDITIONAL INSURED.

Insurance certificate and additional insured endorsement shall be provided with application when submitted.

ALL POLICIES OF INSURANCE REQUIRED HEREUNDER TO BE PURCHASED AND MAINTAINED (OR THE CERTIFICATES OR OTHER EVIDENCE THEREOF) SHALL CONTAIN A PROVISION OR ENDORSEMENT THAT THE COVERAGE AFFORDED WILL NOT BE CANCELLED, MATERIALLY CHANGED, OR RENEWAL REFUSED UNTIL AT LEAST THIRTY (30) DAYS BETWEEN THOSE PRIOR WRITTEN NOTICES AS GIVEN TO THE CITY OF BAY CITY BY CERTIFIED MAIL.

ALL INSURANCES SHALL BE OBTAINED FROM COMPANIES LICENSED AND ADMITTED TO DO BUSINESS IN THE STATE OF MICHIGAN.