



Bed Bug Heat/Treatment Survey

Supplemental to the General Liability Application - Attach samples of customer contracts/prep sheets

Company Name: _____

City/State: _____

1. Are dedicated employees used for heat treatments?.....Yes x No x
 - a. Experience of dedicated employees with heat treatment: ____ years
2. Brands and models of thermal equipment used: _____
3. Heat sources from (select all that apply):
 - a. Electric:..... ____%
 - b. Propane:..... ____%
 - c. Other:..... ____%
4. Are sprinkler systems deactivated during treatments:.....Yes x No x
5. What systems/equipment is used for thermal protection of sprinkler heads: _____
6. What is the maximum temperature allowed in the thermal boot during treatment? _____
7. What is the maximum air temperature allowed in treatment spaces? _____
8. Are continuous, remote temperature monitoring used during treatments?.....Yes x No x
9. Are contracts and preparation checklists used for heat treatments?.....Yes x No x
 - a. If yes, are the signed by customers and retained in company files....Yes x No x
10. Are heat treatments performed at:
 - a. Single family dwellings.....Yes x No x
 - b. Multifamily dwellings.....Yes x No x
 - c. Hotels/Resorts.....Yes x No x
 - d. Offices/commercial buildings/retail businesses.....Yes x No x
 - e. Transportation/trains/buses/aircraft.....Yes x No x
 - f. Homeless shelters/halfway houses/group homes*Yes x No x
 - g. Other* _____

*List nonprofit organizations or municipalities and annual gross revenues generated by heat treatments: _____

OWNER SIGNATURE

DATE