

Junk Removal and Dumpster Rental Business Insurance Questionnaire



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NOTICE OF INFORMATION PRACTICES (PRIVACY)

Personal information about you, including information from a credit or other investigation report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You may have the right to review your personal information in our files and request correction of any inaccuracies. You may also have the right to request in writing that we consider extraordinary life circumstances in connection with the development of your credit score. These rights may be limited in some states. Please contact your agent or broker to learn how these rights may apply in your state or for instructions on how to submit a request to use for a more detailed description of your rights and our practices regarding personal information.

Welcome! This form will allow us to gather pertinent information which will be used to generate quotes for your business. *Please contact your current broker or insurance carrier and request your last three years of currently valued (meaning within the last 30 days) loss runs.* This will allow us to negotiate the best possible pricing on your behalf and will be a binding requirement by our insurance carriers.

This is a fillable PDF. For best results, download a copy and save to your desktop before completing. Completed form can be emailed to Toby Stubbs.

Requested effective date of policies: _____

Need quotes by date: _____

Current Insurance Providers:

	Insurance Company	Policy Number	Expiration Date	Annual Premium
Commercial Auto				
General Liability				
Workers Compensation				
Commercial Umbrella				
Personal Auto Insurance**				N/A

****You can get a discount for proof of prior insurance based on the limit of coverage you currently have. Please submit a copy of your current personal auto policy declarations page with the completed questionnaire.**

Please indicate which line of coverage you would like quotes for:

Commercial Auto

General Liability

Workers Compensation

Commercial Umbrella

Business Basics:

Entity Name: _____

DBA: _____

EIN: _____ Date of initial filing: _____

Legal Entity Structure: LLC S-Corp C-Corp Other _____

Business Address: _____

Mailing Address: _____

Office Phone Number: _____

Email Address: _____

Business Profile:

Estimated gross sales/receipts for the upcoming year: _____

Gross sales/receipts for the prior year of business: _____

What percentage of business do you expect to be: Residential _____ % Commercial _____ %

Please indicate if you will be doing any of the following operations:

Junk Removal: If yes, what % _____ Check here if none: _____

Dumpster Rental: If yes, what % _____ Check here if none: _____

Demolition*: If yes, what % _____ Check here if none: _____

**Only indicate demolition if you will be advertising that you will be offering demolition and if it is beyond the incidental scope of your junk removal business. We automatically include incidental demolition in your application with the following examples being: shed removal, fence removal, light kitchen renovation or demo, bathroom demo. etc. If more than 10% of your business is demolition, then it should be identified in this section.*

Business Owner Profile:

Business Owners First & Last Name	DOB	Driver's License #	State Issued	CDL Issue Year	% Ownership

Primary business owner personal address: _____

Cell phone number: _____ Email address: _____

If less than three (3) years of industry experience, then provide any relevant professional, military, management experience which owner(s) have and number of years:

If multiple owners, would you like to receive a key man life insurance quote? Yes No

Commercial Auto

Do you have a USDOT number, or plan to file for one within the next 60 days? Yes No If yes: US DOT# _____

Do any listed vehicles or contents require a hazardous material placard? Yes No

Are any State or Federal Filing required? Yes No If yes, please list required forms: _____

List vehicles and trailers:

Unit #	Year, Make, Model	Vehicle Identification # (VIN)	G.V.W.R.	Value of Vehicle/Trailer	Value of PAE*
1					
2					
3					
4					
5					

**PAE = permanently attached equipment (ex: value of dump body or box body on Isuzu NPR)*

Primary garaging address of vehicles: _____

Complete table below for vehicles that are financed or leased:

Unit #	Finance or Lease?	Bank Name	Address
1			
2			
3			
4			
5			

Driver List – list all employees who are or will be driving company vehicles. Any employee you wish to designate as a driver throughout the policy year must be added to your commercial auto policy.

First & Last Name	DOB	Driver's License Number	State Issued	CDL Issue Year

List any violation/accident for any driver within the last 5 years. Please include date of occurrence and claim pay out:

Do you have a GPS Tracking or Video Telematics system? Yes No

Workers Compensation:

Would you like a workers' compensation quote? Yes No

	# of Full Time	# of Part-Time	Estimated Annual Payroll
Junk Removal Employees (do not include owners)			
Dumpster Rental Employees & Drivers			
Clerical			

Subcontractors:

Do you use 1099 employees? Yes No

If yes, what is the annual cost? _____

List type of work that is subcontracted: _____

Do they have their own insurance? Yes No

Do you obtain a COI listing you as additionally insured? Yes No

Do you verify their coverages are equal to or greater than yours? Yes No

Do you have a sub-contractor agreement in place? Yes No

Optional Coverage Considerations:

Do you have a warehouse or a location which requires Business Personal Property coverage: Yes No

Would you like a quote for employee theft: Yes No

Would you like a quote for Employment Practices Liability Insurance (EPLI)? Yes No

(This policy covers wrongful termination, discrimination, workplace harassment, retaliation, etc.)

Would you like a quote for inland marine? Yes No

(Inland Marine coverage covers contractors' tools and equipment, coverage for rental and leased equipment, and coverage for dumpsters left behind on a client's premise.)

You may use the notes section of the form to list the year, make, model, serial number, and value of the dumpsters.

Is there a bank loan on the dumpsters? If so, provide bank name and address:

Would you like a quote for cyber liability? Yes No

Would you like a quote for a crime bond? Yes No

Let us know if you have any questions!

Respectfully,

Toby Stubbs

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NOTES:

Use can use this section for any additional information:

This image shows a single page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page, leaving small margins at the top and bottom. There are no vertical margin lines, text, or other markings on the page.