



WISDOM
INSURANCE AGENCY

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Junk Removal Business Insurance Questionnaire

NOTICE OF INFORMATION PRACTICES (PRIVACY)

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE 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 US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.

V 3.24.2022

Requested **effective date** of policies: _____
Need quote by date: _____

Business Profile

Entity Name: _____
DBA: _____
FEIN: _____
Legal Entity Structure: _____
Business Initial Filing Year: _____
Business Address: _____
Mailing Address: _____
Office Phone Number: _____ Cell Phone Number: _____
E-mail Address: _____

List all members / managers of your business, and their respective percentage of ownership:

Primary business owner Social Security Number: _____
Primary business owner address: _____
Years of experience in the junk removal industry: _____

Please provide any professional, military, management, leadership skills owner(s) have and number of years of respective experience:

Projected annual gross sales for the first year of business: _____

What percentage of business do you expect to be: Residential ____ % Commercial ____ %
Are you financing your franchise through a SBA? Yes ____ No ____
Does your SBA loan require you to carry a life insurance policy or key person insurance? Yes ____ No ____
Do you have a Telematics system? Yes ____ No ____

General Liability is based off your annual estimated payroll (junk removal employees + owners) or annual estimated gross sales. We will use the information you provide to estimate your premium based off the rate in your specific state. This is an upfront estimate only. Your QuickBooks or financials will be reviewed at the end of the policy period by the insurance carrier through an audit and your estimates will be "trued up" with your actual payroll or sales. The audit will then generate a return of premium or an additional premium owed based off the audited figures.

Employees Profile

Will you, as an owner, be active in the business yourself? Yes ____ No ____

How many employees do you anticipate having in the first year of business? Please complete table below:

	# Full Time	# Part-Time	Annual Payroll
Owner/Operator			
Junk Removal Employees			
Clerical			

Workers' compensation – Much like the general liability policy, workers compensation is based off estimated payroll and gets audited at the end of the policy. Most start-up companies use a starting payroll of \$30,000 per employee for quotation purposes.

Do you need workers' compensation insurance to start up? Yes _____ No _____

Would you like a workers' compensation quote? Yes _____ No _____

Depending on the structure of your entity (LLC, Corp, etc.) and state regulations, officers/owners, may elect to include or exclude themselves from workers' compensation coverage. Always check with your state specific workers' compensation department for details!

Full Name	DOB	Title	Duties	% of ownership	Annual Payroll	WC Election (Excl. or Incl.)

Commercial Auto

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

Does any listed vehicle(s) or contents require a hazardous material placard? Yes ____ No ____

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

List vehicle and trailer (if applicable) details:

Unit#	Year, Make, Model	Vehicle Identification # (VIN)	GVWR	Market Value	Value of PAE*
1					
2					
3					

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

Value of the wrap (if applicable): _____

Primary garaging address of vehicle(s): _____

Is the vehicle financed or leased? Please complete below:

Unit#	Finance or Lease	Company Name	Address
1			
2			
3			

Listed drivers – please list anyone who will be driving your vehicles. Any employee you wish to designate as a driver throughout the year must be added to your commercial auto policy.

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

Have any drivers had any accidents/tickets/violations/infractions in the last 35 months? If yes, please list the violation, date of occurrence, and damage paid if accident related:

Who is your current personal auto insurance company & policy number? _____
Please list the liability limits: _____ Please list the expiration date: _____

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 coverage covers wrongful termination, discrimination, workplace harassment, retaliation, etc. Inland Marine Coverage covers contractors' tools and equipment and provides coverage for rented and leased equipment.

Would you like a quote for inland marine coverage? Yes _____ No _____

Would you like a quote for cyber liability? Yes _____ No _____

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

**Proof of prior insurance (personal auto counts!) is a significant savings to you! We will need to provide a copy of your insurance declarations page to retain this savings*

Commercial Umbrella – We will automatically provide you with an optional umbrella quote for \$1M per occurrence limit which will extend over your general liability, commercial auto liability, and workers compensation (if applicable).

Let us know if you have any questions!

Respectfully,

Brandon Zimmer | (614) 420-0646 | Brandon@wisdominsurance.com

Toby Stubbs | (224) 213-4648 | Toby@wisdominsurance.com

NOTES:

Please use this section for any additional information:

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.