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www.junkremovalinsurance.com

## Junk Removal and Dumpster Rental Business Insurance Questionnaire

## 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. You can email back the form to Toby Stubbs and Brandon Zimmer. 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 Please indicate which line of coverage you would like quotes for: \_\_\_\_ Commercial Auto \_\_\_\_ General Liability \_\_\_\_ Workers Compensation \_\_\_\_ Dumpster Rental Only **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: Residential % Commercial % What percentage of business do you expect to be: Please indicate if you will be doing any of the following operations: If yes, what % \_\_\_\_\_ Check here if none: \_\_\_\_\_ Junk Removal: If yes, what % \_\_\_\_\_ Check here if none: \_\_\_\_\_ If yes, what % \_\_\_\_ Check here if none: \_\_\_\_\_ Dumpster Rental: Demolition\*: \*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 his section.

## **Business Owner Profile:**

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

Cell phone i	phone number: Email address: Email address:					
	three (3) years of industry which owner(s) have and	•	•	nt professional, n	nilitary, manage	ment
f multiple c	owners, would you like to	receive a key mar	n life insurance quote	e? Yes	_No	
Commercia	l Auto					
Do any liste	e a USDOT number, or pla d vehicles or contents req te or Federal Filing require	uire a hazardous	material placard? Ye	s No		
ist vehicles	and trailers:					
Unit #	Year, Make, Model	Vehi	icle Identification # (VII	N) G.V.W.R.	Value of Vehicle/Trailer	Value of PAE*
2						
3						
5						
	aging address of vehicles: able below for vehicles that		· leased:			
Unit #	Finance or Lease?	Bank Nar	ne	Address		
1 2						
3						
5						
Oriver List –	list all employees who ar the policy year must be a				ou wish to desig	gnate as a drive
	First & Last Name	DOB	Driver's Licen	se Number	State Issued	CDL Issue Year
		•		1 1		
ist any viol	ation/accident for any dri	ver within the las	t 5 years. Please incl	ude date of occu	rrence and clair	n pay out:
ist any viol	ation/accident for any driv	ver within the las	t 5 years. Please incl	ude date of occu	rrence and clair	n pay out:

## Workers Compensation:

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

& Drivers						
Clerical						
As a business owner you can o Would you like to include or ex If included, what do you estima	clude? Yes	No	elf from workers' co	mpensation	policy.	
Optional Coverage Consideration	ons:					
Do you have a warehouse or a	location which re	equires Busine	ess Personal Propert	ty coverage:	Yes	No
Would you like a quote for emp	oloyee theft:	Yes No	·			
Would you like a quote for Emp (This policy covers wrongful					No	
Would you like a quote for inla (Inland Marine coverage co- left behind on a client's prer	vers contractors' too			d leased equipi	ment, and coverag	e for dumpsters
You may use the notes section Is there a bank loan on the dur	of the form to lis	•		ımber, and v	alue of the dur	npsters.
Would you like a quote for cybo	er liability?	Yes N	0			
Would you like a quote for a cr	me bond?	Yes N	0			
Let us know if you have any qu	estions!					
Respectfully,						

Toby Stubbs | (224) 213-4648 | toby@wisdominsurance.com Brandon Zimmer | (614) 420-0646 | brandon@wisdominsurance.com

NOTES:					
Use can use this section for any additional information:					