



## SMASH MY TRASH PROGRAM APPLICATION FORM

Please return this form via email to  
[EDC@J-JINS.COM](mailto:EDC@J-JINS.COM)

### Applicant Information

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address* *City* *State* *Zip*

Contact person Name \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_ FEIN# \_\_\_\_\_

### General Liability

Gross sales for prior year (\$): \_\_\_\_\_ Gross sales for current year (\$): \_\_\_\_\_

Policy limits: \$1,000,000 Each Occurrence/ \$2,000,000 Annul Aggregate

### Umbrella

Policy Limits

\$1,000,000/\$1,000,000		\$2,000,000/\$2,000,000	
\$3,000,000/\$3,000,000		\$4,000,000/\$4,000,000	
\$5,000,000/\$5,000,000			

### Inland Marian

Description (Year, Manufacturer & Model)	Value of Equipment	Limit of insurance
Boom/Roller and Cab	\$129,950	\$129,950

### Workers Compensation

Name	Job Title (Driver or Outside sale)	Class Code	Payroll

## Commercial Auto

### Driver Information

Name	DOB	Marital Status	Driver's License (DL) #	DL Issued state

### Auto Information

VIN#	Year	Make	Model	Value
	2021	T270	Kenworth	\$87,250
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### Outline of Auto Coverage

Description	Limits	Deductible
Liability to Others - Bodily Injury and Property Damage Liability	\$1,000,000 combined single limit	
Uninsured/Underinsured Motorist	\$1,000,000 combined single limit	
Uninsured Motorist Property Damage	Included in combined single limit	
Personal Injury Protection	\$2,500 each person	
Comprehensive See Auto Coverage Schedule	Limit of liability less deductible	
Collision See Auto Coverage Schedule	Limit of liability less deductible	

## Disclaimer and Signature

*I declare that the statements and particulars in this proposal are true and that no material facts have been mis-stated or suppressed after enquiry. I agree that this proposal, together with any other information supplied shall form the basis of any contract of insurance effected thereon. I undertake to inform the Insurers of any material alteration to those facts occurring before the completion of the contract of insurance. A material fact is one which would influence the acceptance or assessment of the risk.*

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_