



# Salvage Yard Supplemental Questionnaire

## APPLICANT INFORMATION

NAMED INSURED \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

FEIN \_\_\_\_\_

WEB ADDRESS \_\_\_\_\_

## UNDERWRITING INFORMATION

Name(s) and Social Security number of owners/partners:

_____	_____	-	_____	-	_____
_____	_____	-	_____	-	_____
_____	_____	-	_____	-	_____

Location of business: \_\_\_\_\_

Home address of owner: \_\_\_\_\_

- |  |   |
|--|---|
| <p>1. How long has applicant been in business? _____ years<br/>Enclose pictures of yard area and all buildings.</p> <p>2. What are their sales? _____</p> <p>3. What type of salvage is handled and what percentage of each?<br/>_____%<br/>_____%<br/>_____%</p> <p>4. Is there a fence around the entire yard?..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Are customers allowed to enter yard area?.. <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>If yes, for what reason?<br/>_____<br/>_____</p> <p>6. Are there dogs on premises? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>If yes, what breed?<br/>_____<br/>_____</p> <p>7. Are there firearms on premises? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>If so, what type and where are they kept?<br/>_____<br/>_____<br/>_____</p> | <p>8. Are weeds and brush controlled? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Does the insured rent or own a mobile crusher?<br/>..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. Does the insured rent or own a crane? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11. Does the insured have a tow truck or flatbed?<br/>..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does the insured tow for hire?..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Radius of towing or hauling vehicles: _____ miles</p> <p>12. Does insured sell any used cars, trucks or other equipment? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>13. How does the insured dispose of waste oil and other hazardous material?<br/>_____<br/>_____<br/>_____<br/>_____</p> <p>14. Any wood burning stoves on premises? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
|--|---|

**N.J. Law P.L. 1995, c. 132:** Any Person who includes any false or misleading information on the application for an insurance policy is subject to criminal and civil penalties. The information in this application is correct to the best of my knowledge and belief.

**For PA Submissions:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties. The information in this application is correct to the best of my knowledge and belief.  
not intended to be covered under this policy?

I certify that the information in or attached to this questionnaire is true, complete and correct based on business records and my personal knowledge. I grant United Fire Group authorization to order a credit report on my business and/or me.

_____		_____	
Owner or Officer's Name		Agent's Name	
_____		_____	
Title		Agent's Signature	Date
_____		_____	
Owner or Officer's Signature	Date	Expiring Policy Number, If Applicable	