



Coverys Specialty Insurance Company

SUPPLEMENTAL APPLICATION - FRANCHISOR

1. Name of applicant or insured: _____
 2. Describe the nature of the franchise: _____
 3. Total number of active franchise locations: _____
 4. Number of closed franchisees in the past 12 months: _____
 5. Number of franchisees opened in the past 12 months: _____
 6. Number of company-owned operations: _____
 7. Average length of franchisee relationship: _____
 8. Year the applicant's first franchise was sold: _____
 9. What is the initial investment/startup fee for a franchise? \$ _____
 10. Does the applicant have franchisees outside of the United States? Yes No
If "Yes," list how many and current locations: _____

 11. Does the applicant require franchisees to carry insurance? Yes No
If "Yes," please describe the type: _____

 12. Does the applicant provide training to franchisees? Yes No
If "Yes," provide detailed description of all training programs: _____

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13. Has the applicant developed policies and procedures for franchises? Yes No
If "Yes," is their use mandated under the franchisee contract? Yes No
 14. Has the franchise ever filed for bankruptcy or reorganization? Yes No
 15. Please attach a sample franchiser/franchisee agreement.

SIGNATURE IN FULL: _____ DATE: _____

PRINT NAME: _____

ALL QUESTIONS MUST BE ANSWERED AND THE APPLICATION MUST BE SIGNED AND DATED

Agency Name and Address: _____

Person Submitting Application: _____

Telephone Number: _____ Email: _____