



AMIS / Alliance Marketing and Insurance Services

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Franchisers Professional Liability Supplemental Application

- 1) Number of franchisees? _____
- 2) Average length of franchisee relationship? _____
- 3) Number of company owned operations? _____
- 4) Please provide available written guidelines on the franchise sales process.
 - a) Is there any "cooling off" period?

 - b) Does the applicant videotape the sales presentations to prospective franchisees?

- 5) Please describe and provide any documents, aside from contracts, that set forth franchisee training protocols;

- 6) What is the applicant's policy regarding "earnings claims?"

- 7) Please attach complete claims information.
- 8) Please attach a copy of the UFOC document;
- 9) Please attach a sample Franchiser/Franchisee Agreement;
- 10) Please provide any documentation that sets forth the applicant's
 - a. Policy and
 - b. Actual, territorial franchise

It is understood and agreed that this supplemental application shall become a part of the application for Professional Liability Errors & Omissions Insurance.

THE APPLICATION MUST BE SIGNED AND DATED BY AN OWNER, OFFICER OR PARTNER.

Applicant Signature: _____ Date (Mo-Day-Yr): _____

Name and Title (Please Print): _____