



# 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): \_\_\_\_\_