

Domino's Package Insurance Application

FRANCHISEE INFORMATION

Franchisee Name: _____ Date: _____

Social Security # or Federal I.D. #: _____ Effective Date of Coverage: _____

Street Address: _____ City: _____ State: _____ ZIP: _____

Contact: _____ Email Address: _____ Website Address: _____

Telephone #: _____ Facsimile #: _____ Total # of Store Locations: _____

Type of Entity: Corporation Partnership: LLC Other

How long have you been a Domino's Franchisee? _____ Years How many years experience do you have (other than as a franchisee) managing/owning your own business? _____ Years

Is your Franchise family owned? Yes No

Are individual owners or corporate officers actively involved in the daily operations of the franchise? Yes No

Does your Franchise currently make use of **PULSE** computer systems? Yes No

OFFICE INFORMATION

Street Address: _____ City: _____ State: _____ ZIP: _____

Own Building Lease Space Square Footage: _____ Values: \$ _____ Building

\$ _____ Contents

Construction: Frame Masonry Non-Combustible Automatic Sprinklers Located in Home

Joisted Masonry Modified Fire Resistive Non-Sprinklered Located within Store Location

Masonry Fire Resistive Separate Office

Estimated Year of Construction? _____ If over 20 years of age, when was the plumbing, heating, roof and electrical systems last updated? _____

ADDITIONAL COVERAGE

Are you interested in Employment Practices Liability Coverage? Yes No

Do you have any sponsored Special Events throughout the year? Yes No

Do you currently provide any of your employees or managers health, dental, eye or life insurance coverages? Yes No

CURRENT INSURANCE POLICY INFORMATION

Coverage	Insurance Carrier Name	Insurance Agency Name	Expiration Date	Annual Premium
Package Policy	_____	_____	_____	_____
Owned Automobile Policy	_____	_____	_____	_____
Non-Owned/Hired Automobile Liability Policy	_____	_____	_____	_____
Workers' Compensation Policy	_____	_____	_____	_____
Umbrella Liability Policy	_____	_____	_____	_____

LOSS HISTORY

Coverage	Losses \$\$- 1st Prior Year	Losses \$\$- 1st Prior Year	Losses \$\$ - 2nd Prior Year	Losses \$\$ - 3rd Prior Year
Package Policy	_____	_____	_____	_____
Owned Automobile Policy	_____	_____	_____	_____
Non-Owned/Hired Automobile Liability Policy	_____	_____	_____	_____
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Umbrella Liability Policy	_____	_____	_____	_____

Lighthouse Group

4808 Broadmoor Avenue, SE - Grand Rapids, MI 49512
 800.344.3531 Toll Free - 616.656.1891 Facsimile - www.lighthousegroup.net

Domino's Package Insurance Application

STORE INFORMATION

Store #: _____ Total # of Employees @ this location: _____

Street Address: _____ City: _____ State: _____ ZIP: _____

Own Building Lease Space Square Footage: _____ Values: \$ _____ Building
\$ _____ Contents

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 Joisted Masonry Modified Fire Resistive Non-Sprinklered Strip Mall
 Masonry Fire Resistive Other - explain? _____

Estimated Year of Construction? _____ If over 20 years of age, when was the plumbing, heating, roof and electrical systems last updated? _____

Estimated Gross Sales for this location: _____ Carry-Out _____ Delivery _____ School Lunch _____ Other _____

How many Delivery Drivers @ this Location: _____ What is the average radius for delivery operations? _____ Miles How many deliveries in past 12 months? _____

Name and address of Landlord for this location (if applicable): _____

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