



Coverys Specialty Insurance Company



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**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: \_\_\_\_\_
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: \_\_\_\_\_