

FRANCHISERS PROFESSIONAL LIABILITY SUPPLEMENTAL APPLICATION

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1)	Number of franchisees?	
2)	Average length of franchisee relationship?	
3)	Number of company owned operations?	
4)	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
		Policy and Actual, territorial franchise
		ood and agreed that this supplemental application shall become a part of the application for Liability Errors & Omissions Insurance.
THE	APPLIC	ATION MUST BE SIGNED AND DATED BY AN OWNER, OFFICER OR PARTNER.
Appli	cant Sig	nature: Date (Mo-Day-Yr):
Name and Title (Please Print):		