



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	_____	_____	_____	_____
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Lighthouse Insurance Group

4808 Broadmoor Avenue, SE - Grand Rapids, MI 49512 - 800.344.3531 Toll Free - 616.698.7421 Facsimile - www.lighthousegroup.net



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STORE INFORMATION

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

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

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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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