



Domino's Workers' Compensation 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

CURRENT INSURANCE POLICY INFORMATION

Coverage	Insurance Carrier Name	Insurance Agency Name	Expiration Date	Annual Premium
Workers' Compensation Policy	_____	_____	_____	_____

LOSS HISTORY

Coverage	Losses \$\$- 1st Prior Year	Losses \$\$- 1st Prior Year	Losses \$\$ - 2nd Prior Year	Losses \$\$ - 3rd Prior Year
Workers' Compensation Policy	_____	_____	_____	_____

OWNERSHIP INFORMATION

Name of ALL Owners & Officers	Title	% of Ownership	Workers' Comp.	Duties	Annual Remuneration
_____	_____	_____	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	<input type="checkbox"/> Restaurant <input type="checkbox"/> Administrative <input type="checkbox"/> Inactive	\$ _____
_____	_____	_____	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	<input type="checkbox"/> Restaurant <input type="checkbox"/> Administrative <input type="checkbox"/> Inactive	\$ _____
_____	_____	_____	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	<input type="checkbox"/> Restaurant <input type="checkbox"/> Administrative <input type="checkbox"/> Inactive	\$ _____
_____	_____	_____	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	<input type="checkbox"/> Restaurant <input type="checkbox"/> Administrative <input type="checkbox"/> Inactive	\$ _____

GENERAL INFORMATION

Any business owned automobiles? Yes No
 Any Employee's under the age of 16? Yes No
 Any seasonal Employees's? Yes No
 Is a formal safety program in operation? Yes No
 Any Employee's with physical handicaps? Yes No
 Are athletic teams sponsored? Yes No
 Any prior coverage declined, cancelled, or non-renewed in the last three years? Yes No
 Do you have any leased Employee's? Yes No
 Do you follow the Domino's Safety practices and procedures? Yes No
 Do you offer transitional return to work tasks for injured employees? Yes No



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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POLICY INFORMATION

PART 1 - Workers' Compensation (states)	
MI,	

PART 2 - Employers' Liability	
\$	Each Accident
\$	Disease - Policy Limit
\$	Disease - Each Employee

Desired Payment Plan	
<input type="checkbox"/> Annual	<input type="checkbox"/> Monthly
<input type="checkbox"/> Semi-Annual	<input type="checkbox"/> Other _____
<input type="checkbox"/> Quarterly	

LOCATION INFORMATION

Loc #	Store #	Street Address	City	State	Zip Code
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

PAYROLL INFORMATION

State	# of Employees		Class Code	Classification Description	Estimated Annual Payroll
	Full Time	Part Time			
			7380	Delivery Drivers	
			8742	Outside Supervisors/Sales (not to include store mgrs.)	
			8810	Clerical - Office employees not engaged in other duties	
			9058	Restaurant - incl store mgrs, crew & maintenance	

Current Michigan Experience Modification

Current Interstate Experience Modification

HOURS OF OPERATION

Day of the Week	Open	Close
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		



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