



**FLORIDA FRANCHISORS
SUPPLEMENTAL APPLICATION**

This is an application for a CLAIMS-MADE AND REPORTED Policy

If a policy is issued this application will attach to and become part of the policy, therefore, it is important all questions are answered accurately.

- Please answer all questions completely.
- If there is insufficient space to complete an answer, please continue on a separate sheet of the firm's letterhead. Indicate number of question.
- This form must be completed, signed, and dated by a principal, partner or officer of the firm.
- Please type or print.

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- 1) Name of Applicant Franchisor: _____
 - 2) How long has Applicant been franchising? _____
 - 3) How many units does the Applicant own? _____
 - 4) How many units are franchised? _____
 - 5) Describe the nature of your franchise (**If necessary, please submit description by attachment should space not be sufficient**):

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- 6) Number of active franchises: _____ Number of inactive franchises: _____
 - 7) Number of corporately owned franchises: _____ Number of independent franchises: _____
 - 8) How many franchises have experienced a change in legal or beneficial ownership within the past year? _____
 - 9) How many franchises have experienced a change in legal or beneficial ownership within the past three years? _____
 - 10) The year that your first franchise was sold: _____
 - 11) Do you have a franchise disclosure compliance program? Yes No **If yes, please provide a description of the program via an attachment. If not, please explain.**

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- 12) Do you have an employee that oversees this program? Yes No **If yes, please submit individual's resume/employment history and please also identify this individual:** _____ Does this individual perform these services on a full-time basis? Yes No **If not, please list other responsibilities.** _____
 - 13) Do you have a written process for selecting and qualifying prospective franchisees? Yes No **If yes, please provide a copy via attachment. If not, please explain.** _____
 - 14) Do you debrief prospective franchisees prior to execution of franchise agreement? Yes No **If yes, please describe the process:**

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- | | <u>Current</u> | <u>Est. Next Year</u> |
|----------------------------|----------------|-----------------------|
| 15) Initial franchise fee: | _____ | _____ |
| Periodic franchise fee: | _____ | _____ |
| Your total gross revenue: | _____ | _____ |

- 16) Do you provide a referral service, buying service, salvage service or computer service to its members? Yes No **If yes, please provide an explanation via attachment:**

- 17) Do you promote or sponsor any type of group travel, conventions, or other similar events, or assume any liability in connection with the services mentioned above? Yes No **If yes, please provide an explanation via attachment:**

- 18) Do you promote, sponsor or provide any type of insurance to your franchisees? Yes No **If yes, please provide an explanation via attachment:**

- 19) Have you developed standards, which are used to evaluate the quality of goods, products manufactured, sold, handled or services provided by franchisees? Yes No **If yes, please provide an explanation via attachment:**

- 20) Do you act as a sponsor, or participate in a review group or committee for assessing the qualifications and performance of franchisees or the quality of products manufactured, sold, handled or distributed or services provided by franchisees? Yes No **If yes, please provide an explanation via attachment:**

- 21) Do you take any disciplinary action or recommend disciplinary action as a result of review group activities? Yes No **If yes, please provide an explanation via attachment:**

- 22) Do you act as a fiduciary or administrator under the Employee Retirement Income Security Act of 1974? Yes No **If yes, please provide an explanation via attachment:**

- 23) Are you engaged in any form of research, development, experimentation, or testing of goods or services sold or used by a franchisee? Yes No **If yes, please provide an explanation via attachment:**

- 24) Are the same set of procedures used with respect to corporately owned franchises versus independent franchises? Yes No **If no, please provide an explanation via attachment:**

- 25) Have any franchises been closed or terminated within the past three years? Yes No **If yes, please provide a list along with brief description:**

- 26) Do you sell franchises using salespersons other than your own employees? Yes No **If yes, please identify:**

- 27) In the case of a struggling franchise, do you have policies and procedures in place to deal with this issue? Yes No **If no, please provide an explanation:**

- 28) Do you provide territorial exclusivity to your franchisees? Yes No **If yes, please provide details via attachment. If no, please provide an explanation:**

29) Describe any established procedures, precautions or safeguards you use or take with respect to resolving disputes with franchisees:

30) Are there now or have there ever been any existing disputes or litigation between the applicant franchisor and any franchisees? Yes No If yes, please provide a detailed explanation via separate attachment:

31) Have any regulatory inquiries or actions been made against the applicant franchisor in the past five (5) years? Yes No If yes, please provide a detailed explanation via separate attachment:

32) Please describe the qualifications for franchise ownership and submit a copy of a standard franchise offering circular/franchise agreement:

FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

I UNDERSTAND INFORMATION SUBMITTED HEREIN BECOMES A PART OF MY MISCELLANEOUS PROFESSIONAL LIABILITY APPLICATION AND IS SUBJECT TO THE SAME WARRANTY AND CONDITIONS.

Name: _____

Title: _____

Signature: _____

Date: _____

Agent Name _____

Agent License Number _____

PLEASE SUBMIT THIS PROPOSAL AND APPROPRIATE MATERIALS TO:

Hartford Financial Products
2 Park Avenue
New York, N.Y. 10016