

INSTRUCTIONS FOR FRANCHISORS E & O

Eligibility Requirements:

1. At least 3 years in business as Franchisor
2. Minimum premium \$10,000
3. Strong Financials, Positive Owners' Equity/Net Worth

Need to Underwrite:

- A. Application, SM1612-03 - Franchisor E&O Liability Application
- B. Brochures Describing Franchise and Its Philosophy, Including Selection of Franchisees
- C. Current Audited Financial Statements, Including Balance Sheet and P&L
- D. Offering Circular/Proposal Form Filed with FTC (Prospectus)
- E. Franchise Agreements/License Agreements

Roush Insurance Services, Inc.

PO Box 1060 • Noblesville, IN 46061-1060
Phone: (800) 752-8402 • Fax: (317) 776-6891
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- o DEERFIELD INSURANCE COMPANY
- o ESSEX INSURANCE COMPANY
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APPLICATION FOR FRANCHISORS ERRORS & OMISSIONS LIABILITY INSURANCE (Claims Made Basis)

APPLICANT'S INSTRUCTIONS:

1. Answer all questions. If the answer requires detail, please attach a separate sheet.
2. Application must be signed and dated by owner, partner or officer.
3. PLEASE READ CAREFULLY THE STATEMENTS AT THE END OF THIS APPLICATION.
(PLEASE TYPE OR PRINT IN INK)

1. APPLICANT INFORMATION

- a. Name of Applicant Franchisor: _____
- b. Principal business premise address: _____
(Street) (County)

(City) (State) (Zip)
- c. Address(es) of additional location(s): _____
- d. Name of Franchise: _____
- e. Year established: _____
- f. Please check all that apply: [] Individual [] Partnership [] Corporation [] Other
- g. (i) Please state the name of your parent company, if applicable: _____
(ii) Please indicate all subsidiaries, if applicable: _____

(iii) Please list other affiliations, if applicable: _____

- h. Number of employees: Full time _____ Part time _____ Total _____

2. APPLICANT OPERATIONS

- a. Describe the nature of your franchise: _____

- b. (i) Number of active franchises: _____ (ii) Number of inactive franchises: _____
- c. How many franchises have experienced a change in legal or beneficial ownership within the past year? _____
- d. How many franchises have experienced a change in legal or beneficial ownership with the past three (3) years? _____
- e. The year that your first franchise was sold: _____

3. REVENUES

- a.
- | | <u>Current</u> | <u>Estimated
Next Year</u> |
|--------------------------|----------------|--------------------------------|
| Initial franchise fee: | _____ | _____ |
| Periodic franchise fees: | _____ | _____ |
- b. Amount of **product** sales to franchisees: \$ _____ per _____

- c. Amount of **services** sales to franchisees (those not included in franchise fee): \$ _____ per _____
- d. Your **TOTAL GROSS REVENUE**: \$ _____

4. SERVICES

(Attach a detailed explanation for any "yes" answers.)

- a. Does applicant provide a referral service, buying service, salvage service or computer service to its members? [] Yes [] No
- b. Do you promote or sponsor any type of group travel, conventions, or other similar events, or assume any liability in connection with 4(a) above? [] Yes [] No
- c. Do you promote, sponsor or provide any form of insurance to your franchisees? [] Yes [] No
- d. Have you developed standards which are used to evaluate the quality of goods, products manufactured or services rendered which are the subject of the franchise? [] Yes [] No
- e. 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
- f. Do you take any disciplinary action or recommend disciplinary action as a result of review group activities? [] Yes [] No
- g. Do you act as a fiduciary or administrator under the Employee Retirement Income Security Act of 1974? [] Yes [] No
- h. Are you engaged in any form of research, development, experimentation, or testing of goods or services sold or used by a franchisee? [] Yes [] No
- i. Do you perform any other activities or services not previously referenced above for which coverage is desired? [] Yes [] No

5. CLAIMS

(Attach a detailed explanation for any "yes" answers.)

- a. Have you or any of your past or present officers, directors or employees ever been convicted of a violation of any law or ordinance relating to the sale or operation of franchises? [] Yes [] No
- b. Has any claim or suit for act, error, omission, misstatement, misleading statement, neglect or breach of duty or personal injury ever been brought against you or any of your past or present officers, directors or employees? [] Yes [] No
- c. Are you or any of your officers or directors aware of any circumstances that may result in a claim or suit against you or any of your past or present officers, directors or employees? [] Yes [] No

6. HISTORY

- a. Please provide the following information for your errors and omissions insurance coverage for each of the past four (4) years. If none, state NONE.

Insurance Company	Policy Number	Limits of Liability	Deductible (if any)	Premium	Inception Mo/Day/Yr	Expiration Mo/Day/Yr	Claims Made Policy (Respond "Yes" or "No")

7. ADDITIONAL INFORMATION

- a. Please describe the qualifications for franchise ownership and **submit a copy of a standard franchiser/franchisee agreement.**

- b. Please attach the following requested information:
 - (i) A copy of all advertising and disclosure statements;
 - (ii) Any publications or other printed or recorded material including advertisements furnished to franchisees.

NOTICE TO APPLICANT: The coverage applied for is SOLELY AS STATED IN THE POLICY, which provides coverage on a "CLAIMS MADE" basis for ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD unless the extended reporting period option is exercised in accordance with the terms of the policy.

Any person who knowingly defrauds any insurance company by filing an application for insurance containing any false information or concealing, for the purpose of misleading, information concerning any fact thereto commits a fraudulent insurance act, which is subject to criminal and civil penalties.

WARRANTY: I warrant to the insurer that I understand and accept the notice stated above and that the information continued herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the insurer evidence its acceptance of this application by issuance of a policy. **I authorize the release of claim information from any prior insurer to the underwriting manager, Company and/or affiliates thereof.**

Name of Applicant

Title (Officer, partner, etc.)

Signature of Applicant

Date

SIGNING this application does not bind the Applicant or the Insurer or the Underwriting Manager to issue the insurance, but one copy of this application will be attached to the policy, if issued.

Agency _____

Phone _____

Address _____

Fax _____

City _____

State _____ Zip _____