



**APPLICATION  
General Information**

Franchisee/Owner: \_\_\_\_\_ Date: \_\_\_\_\_  
 Your Company Name: \_\_\_\_\_ Domino's FRAN #: \_\_\_\_\_  
 Proposed Effective Date: \_\_\_\_\_ Years in Business: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_  
 Tax I.D. #: \_\_\_\_\_ Individual \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_

**PAYROLL INFORMATION - TOTAL ALL STORES**

Payroll Class	# of Employees	Estimated Annual Payroll
Insiders/CSR		
Drivers		
Clerical		

**OPTIONAL COVERAGE**

If interested: Employee Dishonesty - \$10,000 limit: Yes / No  
 Employment Practices Liability (Wrongful termination and sexual harassment): Yes / No  
 Additional Umbrella Liability Coverage (More than \$1,500,000 needed): Yes / No  
 Employee Benefits Liability - \$1,000,000 Limit: Yes / No

**COMPANY OWNED AUTOMOBILE INFORMATION**

Auto #1: Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
 VIN #: \_\_\_\_\_ Kept (City/State): \_\_\_\_\_  
 Cost New: \$ \_\_\_\_\_ Loss Payee/Additional Insured: \_\_\_\_\_  
 How is this vehicle used? \_\_\_\_\_  
 Auto #2: Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
 Vin #: \_\_\_\_\_ Kept (City/State): \_\_\_\_\_  
 Cost New: \$ \_\_\_\_\_ Loss Payee/Additional Insured: \_\_\_\_\_  
 How is this vehicle used? \_\_\_\_\_

**WORKERS' COMPENSATION INFORMATION (OPTIONAL COVERAGE)**

Do you want a Workers' Compensation Quote: Yes / No Expiration date of current policy: \_\_\_\_\_  
 Workers' Compensation Experience Modification (if applicable): \_\_\_\_\_  
 If your business entity is a corporation, are executive officers: included / excluded

**LOSS HISTORY INFORMATION**

	Current Year	Prior Year	2nd Prior Year	3rd Prior Year	4th Prior Year
W.C. # Claims/Total Incurred \$ # /\$	# /\$	# /\$	# /\$	# /\$	# /\$
G.L. # Claims/Total Incurred \$ # /\$	# /\$	# /\$	# /\$	# /\$	# /\$
Prop. # Claims/Total Incurred \$ # /\$	# /\$	# /\$	# /\$	# /\$	# /\$
A.L. # Claims/Total Incurred \$ # /\$	# /\$	# /\$	# /\$	# /\$	# /\$
A.P.D. # Claims/Total Incurred \$ # /\$	# /\$	# /\$	# /\$	# /\$	# /\$

## PROPERTY/GENERAL LIABILITY INFORMATION

**Store # 1:** Domino's Store #: \_\_\_\_\_ Total # of Employees: \_\_\_\_\_ Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Age of Bldg: \_\_\_\_\_ # of Floors: \_\_\_\_\_ Sq. Feet: \_\_\_\_\_

Royalty Sales: \$ \_\_\_\_\_ Sprinklers: Yes / No Construction: \_\_\_\_\_ Frame \_\_\_\_\_ Masonry \_\_\_\_\_ Non-Combustible

If bldg. is over 20 yrs., year of update to: Plumbing: \_\_\_\_\_ Electrical: \_\_\_\_\_ HVAC: \_\_\_\_\_ Roof: \_\_\_\_\_

Building is: Free Standing: \_\_\_\_\_ Part of Shopping Center: \_\_\_\_\_ Other Tenants: \_\_\_\_\_

Mortgage Company Name and Address: (if applicable) \_\_\_\_\_

Landlord's Name and Address (if to be named in policy): \_\_\_\_\_

Loss Payee's Name and Address (for equipment and contents): \_\_\_\_\_

Additional Insureds (DPLLC automatically included): \_\_\_\_\_

**REPLACEMENT VALUE OF:** Building (if required or owned): \$ \_\_\_\_\_

Contents: Equipment: \$ \_\_\_\_\_

Stock & Supplies: \$ \_\_\_\_\_

Improvements/Betterments: \$ \_\_\_\_\_

Computers (EDP): \$ \_\_\_\_\_

**Store # 2:** Domino's Store #: \_\_\_\_\_ Total # of Employees: \_\_\_\_\_ Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Age of Bldg: \_\_\_\_\_ # of Floors: \_\_\_\_\_ Sq. Feet: \_\_\_\_\_

Royalty Sales: \$ \_\_\_\_\_ Sprinklers: Yes / No Construction: \_\_\_\_\_ Frame \_\_\_\_\_ Masonry \_\_\_\_\_ Non-Combustible

If bldg. is over 20 yrs., year of update to: Plumbing: \_\_\_\_\_ Electrical: \_\_\_\_\_ HVAC: \_\_\_\_\_ Roof: \_\_\_\_\_

Building is: Free Standing: \_\_\_\_\_ Part of Shopping Center: \_\_\_\_\_ Other Tenants: \_\_\_\_\_

Mortgage Company Name and Address: (if applicable) \_\_\_\_\_

Landlord's Name and Address (if to be named in policy): \_\_\_\_\_

Loss Payee's Name and Address (for equipment and contents): \_\_\_\_\_

Additional Insureds (DPLLC automatically included): \_\_\_\_\_

**REPLACEMENT VALUE OF:** Building (if required or owned): \$ \_\_\_\_\_

Contents: Equipment: \$ \_\_\_\_\_

Stock & Supplies: \$ \_\_\_\_\_

Improvements/Betterments: \$ \_\_\_\_\_

Computers (EDP): \$ \_\_\_\_\_

*\*Sign and glass coverage are included at each location subject to a \$250.00 deductible.*

Name of Applicant (Please Print): \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A "CRIME". (NEW YORK INSURANCE FRAUD'S ACT, HB 8737-A; NEW YORK INSURANCE DEPARTMENT REGULATION 95.)

**For Your Free, No Obligation Quotation Return Your Application to:**

MaSSCorp  
9357 General Drive • Suite 105  
Plymouth, MI 48170  
800.7NO.LOSS (800.766.5677)  
FAX 800.664.8878  
mvr@masscorp.net

or

AmWINS Program Underwriters, Inc.  
P.O. Box 718  
Camp Hill, PA 17001-0718  
877.552.3772 • 717.214.2800  
FAX 717.214.2801  
Julie.Evans@amwins.com