



MANAGING RISK | DELIVERING SOLUTIONS

GENERAL APPLICATION

Franchisee Name:			Date:		
Company Name: (List all)			Years with Domino's:		
			DFA Member:	Yes	No
Mailing Address:					
City:		County:		State:	Zip:
Contact Person:		Phone:		Fax:	
Email:		Tax ID #:		Total # of Stores:	
Individual	Corporation	Partnership	Current Policy Expiration Date:		
Current MVR Provider:			Current CBC Provider:		

PAYROLL INFORMATION
(If multiple states please breakout per state and attach to application.)

Payroll Classification	Number of Employees	Estimated Annual Payroll
Insiders/CSR <small>(Include driver in store time)</small>		\$
Drivers <small>(Only on road time)</small>		\$
Clerical/Office		\$

WORKERS' COMPENSATION INFORMATION

	YES	NO
Do you wish to receive a quote on workers' compensation coverage?		
Are officers excluded? (If excluded do not include in above estimates.)		
What is your current experience modification number?		
When does your current policy expire?		

OPTIONAL COVERAGE

	YES	NO
Do you Currently have Employment Practices Liability Insurance?		
Do you Currently have Additional Umbrella Liability Coverage?		
Do you Currently have Employee Benefits Liability Coverage?		
Do you Currently have or Need Building Coverage?		
Do you Currently have or Need Owned Auto Coverage?		
What Amount of Deductable would you like?		\$

ADDITIONAL INFORMATION

- Please Provide:**
- **3 Years Loss Runs** (All Lines of Coverage)
 - **Work Comp Experience Modification Worksheet**
 - **Current Policy Dec Sheets**
 - **Roster of Current Drivers (Name – Date of Birth and Hire Date)** (Have MVR's Available Upon Request)



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PROPERTY AND GENERAL LIABILITY INFORMATION					
Location #:	Domino's Store #:	*Entity:		Total # of Employees:	
Store Address:				Full Time:	Part Time:
City:		County:		State:	Zip:
Phone:		Royalty Sales:\$		Age of Building:	# of Floors:
Square Foot:	Sprinklers: Yes No		Free Standing		Shopping Center
If in a Shopping Center Please List Other Tenants:					
Construction:		Frame	Masonry	Non Combustible	Own Lease
If the Building is Over 20 Years Old Please Indicate the Year the Following were Updated:					
Plumbing _____ Electrical _____ HVAC _____ Roof _____					
Mortgage Company Name: (If Applicable)					
Mailing Address:			City:	State	Zip
Landlord Name: (If Applicable)					
Mailing Address:			City:	State	Zip
Loss Payee Name: (For Equipment and Contents)					
Mailing Address:			City:	State	Zip
Additional Insured: (DPLLC Automatically Included)					
Mailing Address:			City:	State	Zip
Please List the Replacement Value of the Following:		Building (If Requesting coverage)		\$	
*Specify Company Operating Under If More than One Company.		Equipment/Contents (Include Dry Stock)		\$	
		Food/Spoilage		\$	
		Improvements/Betterments:		\$	
		Signs (Attached & Detached)		\$	
		Computers (EDP)		\$	

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Store Address:				Full Time:	Part Time:
City:		County:		State:	Zip:
Phone:		Royalty Sales:\$		Age of Building:	# of Floors:
Square Foot:	Sprinklers: Yes No		Free Standing		Shopping Center
If in a Shopping Center Please List Other Tenants:					
Construction: Frame		Masonry Non Combustible		Own Lease	
If the Building is Over 20 Years Old Please Indicate the Year the Following were Updated:					
Plumbing _____ Electrical _____ HVAC _____ Roof _____					
Mortgage Company Name: (If Applicable)					
Mailing Address:			City:	State	Zip
Landlord Name: (If Applicable)					
Mailing Address:			City:	State	Zip
Loss Payee Name: (For Equipment and Contents)					
Mailing Address:			City:	State	Zip
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Please List the Replacement Value of the Following:		Building (If requesting)		\$	
*Specify Company Operating Under If More Than One Company		Equipment/Contents (Include Dry Stock)		\$	
		Food/Spoilage		\$	
		Improvements/Betterments		\$	
		Signs (Attached & Detached)		\$	
		Computers (EDP)		\$	

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, 8737; NEW YORK INSURANCE DEPARTMENT REGULATION 951.)

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A Division of Woodall & Hoggie

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COMPANY OWNED VEHICLE INFORMATION					
Auto # 1	Year	Make:	Model:	Vin #:	
Cost New: \$		Kept City:	State:	Used For:	
Loss Payee / Additional Insured:					
Auto # 2	Year	Make:	Model:	Vin #:	
Cost New: \$		Kept City:	State:	Used For:	
Loss Payee / Additional Insured:					
Auto # 3	Year	Make:	Model:	Vin #:	
Cost New: \$		Kept City:	State:	Used For:	
Loss Payee / Additional Insured:					
Auto # 4	Year	Make:	Model:	Vin #:	
Cost New: \$		Kept City:	State:	Used For:	
Loss Payee / Additional Insured:					
Auto # 5	Year:	Make:	Model:	Vin #:	
Loss Payee / Additional Insured:					
Auto # 6	Year:	Make:	Model:	Vin #:	
Cost New: \$		Kept City:	State:	Used For:	
Loss Payee / Additional Insured:					
Auto # 7	Year:	Make:	Model:	Vin #:	
Cost New: \$		Kept City:	State:	Used For:	
Loss Payee / Additional Insured:					
Auto # 8	Year	Make:	Model:	Vin #:	
Cost New: \$		Kept City:	State:	Used For:	
Loss Payee / Additional Insured:					
Auto # 9	Year	Make:	Model:	Vin #:	
Cost New: \$		Kept City:	State:	Used For:	
Loss Payee / Additional Insured:					