

No Losses? Just Return This

*Print the NEXT PAGE on Company Letterhead
and return to Besnard Insurance*

After signed, please fax back to (813) 926-1724

NO LOSS STATEMENT

Date:

Attn: Underwriting Department

Re: No Loss Statement

As of today's date, I certify that I have **not** had any incidents, accidents, or knowledge of such claims in connection with my Domino's restaurants during the past 3 years for the following areas of insurance:

- Workers Compensation
- Property
- General Liability
- Employment Practices Liability (EPLI)
- Hired and Non-Owned Auto

Please release any quotes based on this signed letter.

If you have any questions, please contact me.

Sincerely,

Franchisee Name

Authorized Signature

Phone Number

After signed, please fax back to (813) 926-1724