



# Domino's Pizza Insurance Program Property/GL Application

## Section 1 – Company and Contact Information

Company Tax ID (EIN): \_\_\_\_\_ Company Name: \_\_\_\_\_ Policy Expire Date: \_\_\_\_\_

DBA: Domino's Pizza Company Type (Circle): Corporation / Partnership / Sole Prop / LLC / Other

Owners Name: \_\_\_\_\_ Year's as an Owner: \_\_\_\_\_ Total Years of Experience: \_\_\_\_\_

Mailing Address:			Insurance Contact Person:	
City:	State:	Zip:	Phone:	
Email:			Fax:	

## Section 2 – Sales (Used for GL Quote)

Estimated Annual <u>Delivery</u> Receipts/Sales:		Estimated Annual <u>Carry Out</u> Receipts/Sales:	
Annual Gross <b>Liquor Sales</b> :		Annual <b>Total Receipts/Sales</b> :	

## Section 3 – Locations (Used to get Property Quote)

Store #	Est. Contents Value:	Building Value (if owned):	Est. Year Built:	County	Address City/State/Zip:	Est. Sq/Ft:	Total Sales	Construct Type *



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Store #	Est. Contents Value:	Building Value (if owned):	Est. Year Built:	County	Address City/State/Zip:	Est. Sq/Ft:	Total Sales	Construct Type *

\*Construction Types:

- 1.) Frame / Wood
- 2.) Joisted Masonry (exterior walls constructed of masonry/block and roof is another material)
- 3.) Non-Combustible
- 4.) Masonry Non-Combustible OR 5.) Modified Fire Resistive OR 6.) Fire Resistive (walls and roof are steel or concrete)

## Section 4 – Discount Questions (Used To Get The Best Pricing)

- 1.) Have you ever had a Property or General Liability Insurance claim? \_\_\_\_\_
- 2.) Do you have a formal Safety Program in place? \_\_\_\_\_
- 3.) Do you have a Drug Free Workplace (you drug test every employee, etc.)? \_\_\_\_\_
- 4.) Has any Insurance policy ever been cancelled or non-renewed? \_\_\_\_\_ If yes, why? \_\_\_\_\_
- 5.) Have you ever declared bankruptcy? \_\_\_\_\_
- 6.) Do you charge extra for Deliveries? \_\_\_\_\_ If Yes, how much do you charge? \_\_\_\_\_
- 7.) Do you have a Central Alarm system? \_\_\_\_\_
- 8.) What are your Store Hours? \_\_\_\_\_
- 9.) Are your parking lots level, have painted lines, no potholes, and well maintained? \_\_\_\_\_
- 10.) Crime in area (check one)? Low \_\_\_ / Moderate \_\_\_ / High \_\_\_
- 11.) Do you have just one Named Insured (like a Bank, Landlord, etc.)? \_\_\_\_\_ If No, how many? \_\_\_\_\_
- 12.) Do you have any other Businesses outside of Domino's? \_\_\_\_\_ If Yes, please explain? \_\_\_\_\_

**Current Insurance:** Work.Comp: \_\_\_\_\_ Prop/GL: \_\_\_\_\_ Hired/Non-Owned Auto: \_\_\_\_\_

_____ Authorized Person's Name	_____ Authorized Signature      Date
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**Just fax the completed application back to the number below. No cover page necessary.**