





**Franchisee Program**

**Location and Employee Information Schedule**  
**(Feel Free To Copy or Provide an Existing Listing)**

Instructions:

List all franchise locations to be covered by the policy for which you are applying:

	Franchise Type	Store #	Entity Name and Address	Number of Employees	
				Full Time	Part Time
1	<input type="checkbox"/> Full Store <input type="checkbox"/> Non-Standard Unit				
2	<input type="checkbox"/> Full Store <input type="checkbox"/> Non-Standard Unit				
3	<input type="checkbox"/> Full Store <input type="checkbox"/> Non-Standard Unit				
4	<input type="checkbox"/> Full Store <input type="checkbox"/> Non-Standard Unit				
5	<input type="checkbox"/> Full Store <input type="checkbox"/> Non-Standard Unit				
6	<input type="checkbox"/> Full Store <input type="checkbox"/> Non-Standard Unit				
7	<input type="checkbox"/> Full Store <input type="checkbox"/> Non-Standard Unit				
8	<input type="checkbox"/> Full Store <input type="checkbox"/> Non-Standard Unit				
9	<input type="checkbox"/> Full Store <input type="checkbox"/> Non-Standard Unit				
10	<input type="checkbox"/> Full Store <input type="checkbox"/> Non-Standard Unit				
			Totals		

*I understand the Location and Employee Information Schedule form will become part of my organization's Employment Practices Liability Application and is subject to the same representations and conditions.*