[PRINT ON YOUR LETTERHEAD & SIGN – DELETE THIS LINE]

[DATE]

[CARRIER NAME - ABC INSURANCE COMPANY]

RE: [OPERATING ENTITY/COMPANY AND FRANCHISEE NAME]

Policy Periods: ALL

Policy #: ALL

To Whom It May Concern:

The Domino’s Franchise Association (DFA) is performing a Loss Control Study for all franchisees and I would like to participate as to ensure all requirements and safety measures are being utilized accordingly.

Regarding the above captioned policies, this letter authorizes and requests your company to release the below requested items directly to myself (the franchisee or its authorized representative).

Please e-mail the below to my e-mail address provided in this letters signature:

* Current complete detailed loss runs showing all experience (open and closed) for all policy periods – Excel format preferred

I appreciate your cooperation and assistance in this matter.

Sincerely,

[OPERATOR NAME, TITLE]

[FULL EMAIL ADDRESS]