



Domino's Pizza

Hired and Non-Owned Auto Application

Section 1 – Company and Contact Information

Company Tax ID (EIN): _____ Company Name: _____ Policy Expire Date: _____
 DBA: _____ Company Type (Circle): Corporation / Partnership / Sole Prop / LLC / Other
 Owners Name: _____ Year's as Franchisee: _____ Total Years of Experience: _____

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|------------------|--------|------|-----------------------|--|
| Mailing Address: | | | Contact Persons Name: | |
| | | | Email: | |
| City: | State: | Zip: | Phone: | |

Section 2 – Sales, Payroll and Driver Information

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|--|--|--|--|
| # of Part-Time Drivers: | | States which you deliver in: | |
| # of Full-Time Drivers: | | # of Stores: | |
| Total Payroll (annual): | | Total Receipts (annual sales): | |
| Delivery Driver Payroll (annual): | | Delivery Receipts (annual sales): | |

Section 3 – Discount/Credit Questions

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| 1.) Do you have driver safety standards and procedures? | |
| 2.) Do all Drivers receive special internal training regarding Delivery Driver Safety? | |
| 3.) Do you have a Driver Safety Orientation? | |
| 4.) Do you report Claims within 24 hours of the accident and do accident investigation? | |
| 5.) Do you have a process to inspect vehicles for proper maintainance and driver safety? | |
| 6.) Do you use a formal process for screening driver applicants to ensure you are only hiring the best? | |
| 7.) Do you run background checks on new driver applicants? | |
| 9.) Do you run MVR's on new driver applicants? | |
| 10.) Do you charge extra for Deliveries? _____ If Yes, how much do you charge? _____ | |

11.) Describe any other Driver Safety item you have in place to reduce and manage claims **or** describe past claims in more detail:

| | |
|-----------------------------------|--------------------|
| _____ Authorized Person's Name | _____ Signature |
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