



# OLD REPUBLIC INSURANCE COMPANY

## OLD REPUBLIC INSURANCE COMPANY MISCELLANEOUS PROFESSIONAL LIABILITY

This Supplement should be submitted to:

Chicago Underwriting Group, Inc.  
191 N. Wacker Drive  
Chicago, IL 60606  
(312) 750-8800

### FRANCHISORS SUPPLEMENT

1. Name of Applicant: \_\_\_\_\_

2. How long has the Applicant been granting franchises? \_\_\_\_\_

3. How many units does the Applicant independently own? \_\_\_\_\_

4. Is there a difference between prices at franchised units and prices at independently owned units? [ ] Yes [ ] No

If Yes, provide details:

5. What is the total number of franchised units? \_\_\_\_\_

6. How many franchise units have been closed? \_\_\_\_\_

7. Does any subsidiary of the Applicant provide services to the franchisees? [ ] Yes [ ] No

If Yes, provide full details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Does the Applicant have a franchise directors compliance program? [ ] Yes [ ] No

If Yes, provide full details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Does the Applicant have a franchise disclosure regulation or general compliance officer? [ ] Yes [ ] No

If Yes, provide their name:

\_\_\_\_\_

Does this person have additional responsibilities?  Yes  No  
If Yes, describe other responsibilities:

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Provide the background and employment history of the person identified above:

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10. Describe the process for selecting and qualifying prospective franchisees:

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11. Does the Applicant debrief prospective franchisees prior to execution of a franchise agreement?  Yes  No

12. Does the Applicant give territorial exclusivity to individual units?  Yes  No

13. Does the Applicant mandate purchase of supplies from itself?  Yes  No

14. For each franchise sold, does the Applicant maintain records of the following information?

- |  |                              |                             |                              |
|--|------------------------------|-----------------------------|------------------------------|
| Date of first contact  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Method of contact  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Date and place of first personal meeting                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Identity of persons who met with franchisees and subjects discussed    | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Date on which prospective franchisee learned about franchisor          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Franchise Applications from prospective franchisees                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Investigative reports for tests regarding prospective franchisees      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Rates, related correspondence, memoranda and notes of conference       | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Identify and investigate professional advisors to franchisee           | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Copies and dates of franchise offering and contracts delivered         | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Description of negotiations of franchise contract terms                | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Copies of all executed agreements and riders, addenda, and exhibits    | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Receipts to all circulars, contacts and disclosure materials delivered | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Dates any agreements were executed by each part                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Consideration and date paid  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Dates and prices franchise was commenced and completed                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Evidence that franchisees successfully complete training               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Applicant's assistance with opening franchisee's business              | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

15. Does the Applicant sell franchises utilizing salespersons who are not employed by the Applicant?

Yes  No

If Yes, identify the sales personnel:

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16. Has the Applicant conducted a background check on its sales personnel? [ ] Yes [ ] No

If Yes, briefly describe the procedure:

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17. Describe any established procedures, precautions or safeguards the Applicant has in place with respect to resolving disputes with franchisees:

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18. Provide the names of any law firms which have assisted or currently assist the Applicant with franchise contracts and/or franchise registration /disclosure statements and/or franchise disputes:

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19. Provide the name and address of the Applicant's current accounting firm:

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It is understood and agreed that this supplemental application shall become part of the Application for the policy.

**THIS APPLICATION MUST BE SIGNED BY AN OWNER, OFFICER OR PARTNER.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name and Title (Please Print): \_\_\_\_\_