



Please complete the questionnaire to obtain a Franchisor E&O quote

Fax to: Scott Carlson 303.799.0156 or Email to: scott.carlson@cherrycreekins.com

1) Name of Entity and Contact :

2) Address: _____

3) Start date of company: _____

4) Product / Service being franchised: _____

5) International Operations? If Yes, please indicate location(s):

6) Number of claims in past 5 years (please indicate payment amount if available):

7a) Number of Franchises: _____ 7b) Number of Locations: _____

7c) Number of Corporate Owned Locations: _____

8) Revenue last 3 years:

2007 _____

2006 _____

2005 _____

9) Projected revenue for 2008: _____

10) Any "IPO" activity within the next 12 months: Yes or No

11) Franchisor E&O insurance in place as of today? Yes or No

If "Yes" what is expiration date, current annual premium and limits:

PLEASE SEND COPY OF UFOC WITH COMPLETED INDICATION FORM