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Part A – Insured Details

1. Insured Entities	Date Incorporated	ABN

2. Please provide a description of the industry the applicant is operating in:

3. Is the applicant a current member of any professional council or organisation (including the Franchise Council of Australia)?

No ☐ Yes ☐

4. Has the proposed insured been profitable for the last two (2) years?

No ☐ Yes ☐ If No, please provide details:

5.

a. What Is the total number of Franchises?	
b. How many additional franchises are anticipated open in the next 12-months?	
c. How many of the current franchises are owner operated?	

6. Have any franchise agreements been terminated within the past twelve (12) months?

No ☐ Yes ☐ If Yes, please provide details of the circumstance of the terminations:

7. Does the applicant operate any business outside Of Australia?

No ☐

Yes ☐

If Yes, please provide details including what percentage (%) of revenue is generated from these locations:

8. Does the applicant use a standard Franchise Agreement for all new and renewing Franchises?

No ☐

Yes ☐

If Yes, please provide the details of the circumstance of the terminations:

9. Has the Franchise Agreement and Franchise Disclosure Document been reviewed by outside Legal Counsel? If no, please provide details of who reviews the documents prior to submission to the potential Franchisee:

10. Could you please attach any additional documents provided to the potential franchisee, such as training manuals, marketing materials, or similar resources?"



Part B – Declaration

Please Note: Signing the Declaration does not bind either the proposed Insured or the Insurer to execute this or any insurance whatsoever.

By signing this Declaration, the Insured declares that all necessary inquiries into the accuracy of the responses given in this proposal have been made and the Insured confirms that the statements and particulars given in this proposal are true, accurate and complete and that no material facts have been omitted, misstated or suppressed. The Insured agrees that if any of the information changes between the date of this proposal and the inception date of the insurance to which this proposal relates, the Insured will give immediate notice thereof to the Artisan Underwriting Pty Ltd (Artisan).

The Insured acknowledges receipt of the Important Notice, Privacy Notice and Duty of Disclosure information contained in this proposal and confirms they have read and understood the content of them. The Insured consents to Artisan Underwriting Pty Ltd collecting, using and disclosing personal information as set out in Artisan's Privacy Notice in this proposal and the policy.

If the Insured has provided or will provide information to Artisan about any other individuals, the Insured confirms that they are authorised to disclose the other individual's personal information to Artisan and give the above consent on their behalf.

The signatory below confirms that they are authorised by the Insured (and its subsidiaries, previous businesses, partners/principals/directors if applicable) to complete this proposal form and to accept quotation terms for this insurance on behalf of the Insureds (and its subsidiaries, previous businesses, partners/principals/directors) behalf.

Signed	
Name of Partner(s) or Director (s)	
On behalf of	
Date	/ /



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