Sussex Insurance

CONFIDENTIAL FRANCHISE APPLICATION FORM

Now that you know a bit about us, we'd like to learn more about you. The following Information Form will help us both determine if a Sussex Insurance franchise is right for you.

The information you provide will be treated in the strictest of confidence and completion of this form in no way constitutes a commitment to Sussex Insurance. It just means that you are interested in talking to us further.

We encourage you to share any relevant information and include anything that will make you stand out as a potential franchisee. If you are planning to have a business partner or investor, they should complete a separate Information Form.

Thank you for you interest in Sussex Insurance.

PLEASE FAX COMPLETED FORMS TO 604-983-6933

Tell us About Yourself

Name:

Home Address:

City: Province: Postal Code:

Home Phone: May we contact you here? Yes ☐ No ☐

Business Phone: May we contact you here? Yes ☐ No ☐

Business Fax: May we contact you here? Yes ☐ No ☐

Date of Birth: Citizenship: SIN#

Marital Status: Spouse's Name: Age of Children:

Educational Background: High School ☐ University/College ☐ Post Graduate ☐

Name of University or College:

Degree or Diploma:

How did you become interested in Sussex Insurance?

Newspaper ☐ Magazine ☐ Sussex Franchisee ☐ Sussex Customer ☐ Other ☐

Sussex Insurance referral by: Relationship:

Sussex Insurance

Employment History (Please also attach a copy of your resume)

Present Occupation: Employed from to

Employer: Position:

Address: Annual Salary:

Supervisor's Name:

Previous Position:

Employer's Name	Position Held	From	To

Have you ever been self-employed? Yes ☐ No ☐

If yes, what type of business?

Insurance Brokerage Experience (Years): Designation:

Corporate Applicant

Corporate Agency Name:

Address:

Phone: Fax:

Principal(s)/Owner(s)	Position Held	% Ownership

Agency of Nominee:

Certificate of Incorporation: (please enclose copy) Incorporation Number:

Additional Agencies:

_____

_____

_____

Sussex Insurance

Bankruptcy and Legal Proceedings

Have you ever pleaded guilty or been convicted, or are you currently charged under any law of any province, state or country (not including minor traffic violations)?

Yes ☐ No ☐

Have you ever been involved in any type of civil litigation or charged with a criminal offense?

Yes ☐ No ☐

Have you personally, or has any business of which you are or were an officer, director, or partner ever been subject to bankruptcy proceedings?

Yes ☐ No ☐

Are there any pending legal proceedings against you or against any business in which you are an officer, director or partner?

Yes ☐ No ☐

Has your insurance license or the insurance license of the brokerage ever been cancelled or suspended, or has the Insurance Council of British Columbia every imposed any other sanctions?

Yes ☐ No ☐

Have you ever had your underwriting contract or company sponsorship cancelled by an insurance company?

Yes ☐ No ☐

Have you ever had your Errors & Omissions (E&O) insurance cancelled?

Yes ☐ No ☐

If yes to any of the above, please explain details:

_____

_____

_____

From a business perspective, what would you say are your greatest strengths and weaknesses?

Strengths: _____

Weaknesses: _____

What geographic areas or specific locations are you interested in?

_____

_____

How much time would you spend at your Sussex Insurance Agency?

Full Time ☐ Part Time ☐ None (Investment Only) ☐

Do you have a business partner? Yes ☐ No ☐

Will he or she be active in the business? Yes ☐ No ☐

What would the percentage breakout of the ownership be?

Name _____ Percentage _____

Name _____ Percentage _____

Sussex Insurance

Financial Statement

Name: Dated as of: , 20

Assets

Cash on hand and in bank	$
Securities (stocks, bonds)	$
Real Estate	$
Automobiles and other Personal Property	$
Cash Value of Life Insurance Policies	$
RRSP's	$
Notes and loans receivable	$
Value of business (if self-employed)	$
Other Assets: (please specify)	
	$
	$
	$
Total Assets	

Liabilities:

Bank Loans	$
Outstanding line of credit	$
Notes Payable	$
Real Estate Mortgage(s)	$
Credit Card Payables	$
Other Liens Payable	$
Other Liabilities: (please specify)	
	$
	$
	$
Total Liabilities	

How much unencumbered cash to you have to invest in a Sussex Insurance Agency?

What specific assets do you intend to use to meet the case requirements?

Signature

The undersigned certifies that the information supplied on this form and any financial information attached is true and correct. The undersigned hereby consents to Sussex Franchise Systems Inc. or its agents or affiliates performing any credit, financial and/or background investigation and further consent to Sussex Franchise Systems Inc. obtaining any credit, financial and/or background information it may deem necessary from any source that may have such information regarding the undersigned. Fraudulent or misleading information on this form, without the limitation to any other legal remedies available to Sussex Franchise Systems Inc., may lead to immediate termination, if granted, of any franchise agreement which may be granted to the undersigned.

***This Franchise Application Form is not an offer to sell a franchise, nor is it a contract. Franchises are awarded under the terms of the Franchisor's Franchise Agreement and, subject to applicable law, only after a Franchise Disclosure Document has been provided.**

Signed: _____ Date: _____

Name: _____ Company Name: _____