



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 your 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: _____



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:



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 ever 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?

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
_____	_____
_____	_____



Financial Statement

Name: _____ Dated as of: _____, 200

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	\$	<input type="text"/>

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	\$	<input type="text"/>

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 Insurance Agency Inc. or its agents performing any credit, financial and/or background investigation and further consent to Sussex Insurance Agency 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 Insurance Agency Inc., may lead to immediate termination, if granted, of any franchise agreement which may be granted to the undersigned.

Signed: _____

Date: _____

Name: _____

Company Name: _____