



SHS Franchisor Questionnaire

Program Submission Requirements

- Statement of Values
- Loss runs for current year and 5 prior years, preferably 10 years
- Copy of most recent audited financial statements
- Employee Handbook
- Franchise Agreement
- Insurance Requirements
- Policies and Procedures or Operations Manual

Name of Parent Organization _____

DBA _____

Website address _____ FEIN _____

Years in business _____ Years under current management _____

Risk Management Contact _____ Risk Management Email _____

A. General Operations & Facilities

1. Year franchisor established _____

2. Years under current management _____

3. Experience of management:

4. Total franchise network number of clients, students, or members in each age range: **Not Applicable**
 0-5 _____ 6-14 _____ 15-18 _____ 19-62 _____
 63-75 _____ 76-85 _____ 86+ _____

5. Total franchise network payroll _____

6. Total franchise network number of employees _____

7. Total franchise network number of volunteers _____ **Not Applicable**

8. Total franchise network revenues _____ **Yes** **No**

9. Is the franchisor more than 25% owned by a private equity structure? **Yes** **No**
If yes, provide name of private equity firm and % interest.

10. Does the franchisor set standard controls for the following areas:

a. Abuse & Molestation	<input type="checkbox"/>	<input type="checkbox"/>
b. Waivers	<input type="checkbox"/>	<input type="checkbox"/>
c. Use of vendors/contractors	<input type="checkbox"/>	<input type="checkbox"/>

If yes to a., b., or c., provide copies/list.

11. Does the franchisor require franchises to report the following to the franchisor:

a. Incidents of abuse & molestation	<input type="checkbox"/>	<input type="checkbox"/>
b. Lawsuits that have been filed	<input type="checkbox"/>	<input type="checkbox"/>
c. Incident reports of major injuries that could result in a claim	<input type="checkbox"/>	<input type="checkbox"/>

12. Does the franchisor/headquarters have a designated risk manager? **Yes** **No**

B. Franchisor History

Yes No

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Does the franchisor currently carry Franchisor's E&O coverage?
a. If yes , please provide the insurance carrier and limits provided. | <input type="checkbox"/> | <input type="checkbox"/> |
| b. If no , why not? | | |
| 2. Please provide a copy of the most recent franchise agreement including franchise requirements. | | |
| 3. Please provide a copy of any training materials provided by the franchisor to franchise owners. | | |
| 4. Please provide a schedule/list of all franchise locations. | | |
| 5. On average, how many new franchises are opened annually? _____ | | |
| 6. On average, how many franchises are closed annually? _____
Please provide reason(s) for closure. | | |
| 7. What is the plan for future franchise growth? _____
Please provide # of franchise locations and target geographies. | | |
| 8. On average, how many franchises are purchased back by the franchisor annually? _____ | | |
| 9. On average, how many franchises are transferred to another franchise annually? _____ | | |
| 10. Do you hold any annual events? (<i>i.e. conventions, conferences</i>)
If yes , please provide details. | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Do have a business contingency plan in place?
If yes , please provide a copy. | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Please provide a copy of last year's audited financial statements | | |
| 13. Has the franchisor ever lost license, discontinued a business, or had prior insurance on another business non-renewed?
If yes , please provide details. | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Do you own any other franchise businesses?
If yes , please list other businesses. | <input type="checkbox"/> | <input type="checkbox"/> |

Signature _____

Title _____

Date _____