

Franchise Number: \_\_\_\_\_  
 Insured Name: \_\_\_\_\_  
 Insured Address, Main Location #1: \_\_\_\_\_  
 Location 2 Address: \_\_\_\_\_  
 Location 3 Address: \_\_\_\_\_



68 South Service Road · Suite 235 · Melville, NY 11747  
 631-390-0900 · 800-245-9653 · [www.wspi.com](http://www.wspi.com)

*Note: If additional locations are required, you will need to use an additional application*

**LIABILITY INFORMATION**

Coverage	GENERAL LIABILITY	HIRED AND NON OWNED AUTOMOBILE	MONEY & SECURITIES INSURED PREMISES	MONEY & SECURITIES OFF PREMISES	FORGERY	EMPLOYEE DISHONESTY-CRIME	UMBRELLA LIABILITY
Limit							<input type="checkbox"/> \$1,000,000
			Other \$ _____	Other \$ _____	Other \$ _____	Other \$ _____	<input type="checkbox"/> \$2,000,000
							<input type="checkbox"/> \$3,000,000
							<input type="checkbox"/> \$4,000,000
							<input type="checkbox"/> \$5,000,000

Franchisor Express Services, Inc. will be added as additional insured to the General Liability.

**PROPERTY INFORMATION**

Coverage Location #1	BUILDING Only if you own building	SIGN Only if you have a sign	CONTENTS (excluding hardware/software)	COMPUTER HARDWARE	COMPUTER SOFTWARE	ACCOUNTS RECEIVABLE	VALUABLE PAPERS	BUSINESS INCOME	EXTRA EXPENSE
Limit									

Coverage Location #2	BUILDING Only if you own building	SIGN Only if you have a sign	CONTENTS (excluding hardware/software)	COMPUTER HARDWARE	COMPUTER SOFTWARE	ACCOUNTS RECEIVABLE	VALUABLE PAPERS	BUSINESS INCOME	EXTRA EXPENSE
Limit									

Coverage Location #3	BUILDING Only if you own building	SIGN Only if you have a sign	CONTENTS (excluding hardware/software)	COMPUTER HARDWARE	COMPUTER SOFTWARE	ACCOUNTS RECEIVABLE	VALUABLE PAPERS	BUSINESS INCOME	EXTRA EXPENSE
Limit									

The person named below authorizes World Wide Specialty Programs to provide information regarding this policy to: Express Services, Inc. Oklahoma City, OK.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_