

Franchisee Informational Questionnaire

1. Entity Name: _____
2. D/B/A: _____
3. Contact's Name: _____
4. Mailing Address: _____ State: _____ Zip: _____
5. Contact's Telephone: _____ Cell: _____
6. Contact's Email: _____
7. Years in Business: _____
8. Number of locations: _____
9. States where you have locations: _____
10. Estimated number of employees: _____
11. Building owner or tenant: _____
12. Gross Annual Receipts: _____
13. Gross Annual Payroll: _____
14. The best means to contact me is: _____ Email _____ Telephone
15. The best time to contact me is: _____

Please fax or email to:

Paul-Michael Quintin, Vice President – Franchise Division

Email: pquintin@easterninsurance.com

Fax: (508)651-4789