

# THE JOINT<sup>®</sup> chiropractic

## Franchisee Insurance Quote Questionnaire

Corporation Name: \_\_\_\_\_

Corporation Address: \_\_\_\_\_

Location Address: \_\_\_\_\_

Contact(Name/email/phone): \_\_\_\_\_

FEIN: \_\_\_\_\_

Landlord Name and Address: \_\_\_\_\_

Lender Name and Address: \_\_\_\_\_

### Builders Risk Information

Length of Policy (3,6,9 or 12mos.): \_\_\_\_\_

Renovation Cost: \_\_\_\_\_

Contractor Name: \_\_\_\_\_ Contractor

Address: \_\_\_\_\_

### Clinic Insurance Package Information

Est. Annual Sales: \$ \_\_\_\_\_

Est. Annual Payroll: \$ \_\_\_\_\_

Personal Property (contents): \$ \_\_\_\_\_

Number of Employees: \_\_\_\_\_

Sq. Ft of Location: \_\_\_\_\_

Central Station Alarm: \_\_\_\_\_

\*\*\*Additional information might be requested depending on lease requirements\*\*\*

This insurance questionnaire is in no way directly affiliated with The Joint. We are an independent Agency that works with other Joint Franchisees

:

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