

Franchise Liability Assessment

Date: [Insert Date]

To: [Insert Franchisee Name]

From: [Insert Franchisor Name]

Subject: Franchise Liability Assessment Approach

Dear [Franchisee Name],

As part of our commitment to maintaining the standards and operational integrity of our franchise system, we are conducting a comprehensive liability assessment for our franchisees. This will help us identify potential areas of concern and ensure that you are well-informed about the risks associated with your franchise operations.

Assessment Overview

The assessment will cover the following areas:

- Operational Compliance
- Financial Health
- Legal Obligations
- Insurance Coverage

Timeline

The assessment process will take place over the next [Insert Duration] weeks, and you will receive regular updates regarding our findings.

Action Items

Please prepare the following documentation by [Insert Submission Date]:

- Financial Statements from the past year
- Insurance Policy Copies
- Compliance Checklists

We appreciate your cooperation and commitment to upholding the standards of our franchise system. If you have any questions, please do not hesitate to reach out.

Sincerely,

[Your Name]

[Your Title]

[Franchisor Company Name]

[Contact Information]