

**ING**



**Initial Claim Form**

**Franchise Stores**

<b>Policy Number:</b>	<b>Effective Date:</b>
<b>Today's Date:</b>	<b>Date of Loss:</b>
<b>Wendy's Restaurant Number:</b>	<b>TIMWEN ?</b>
<b>Contact Name:</b>	<b>Contact Name:</b>
<b>Contact Phone:</b>	<b>Contact Phone:</b>
<b>Location Address:</b>	

**Description of Loss:**

<b>Third Party Information</b> <b>Customer Name:</b> <b>Address:</b> <b>Home Phone:</b> <b>Business Phone:</b> <b>Cell Phone:</b>	<b>Direct Damage</b> <b>Building</b> <b>Contents</b> <b>Signs</b> <b>Glass</b> <b>Other</b>
--	--

**File Notes Attached**

**Repairs Estimates Attached**

<b>Name and Address of Insurer:</b>	
<b>Contact Person:</b>	
<b>Coverages:</b>	<b>Property Deductible:</b> <b>Liability Deductible:</b>