

INSURED'S RELEASE

Claim # _____

To _____ Insurance Company of

Named Insured _____

Policy Number _____

For and in consideration of the sum of

_____ Dollars.(\$ _____) to be paid

to

_____.

I/we do hereby release and forever discharge the above named Insurance Company, hereinafter called the Company, from any and all liability under the policy identified above, because of an occurrence on or about _____, 20____, at or near_

_____.

It is fully understood and agreed that in the event of any further and additional claim or claims arising out of the occurrence above described, that the Company shall not have any liability for same whatsoever under the above policy and the undersigned agrees to hold the Company harmless for any loss, cost , damages or expenses in connection with such further or additional claim or claims.

It is further understood and agreed that the payment of said amount is not to be construed as an admission of liability but is a compromise of a disputed claim.

Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

WITNESS my/our signature and seal _____ this _____ day of _____ 20____.

WITNESS

_____ Insured

_____ Insured

State of _____

County of _____

Subscribed and sworn to before me this _____ day of _____,
20____.

Notary Public