

**RELEASE AND TRUST AGREEMENT**  
**Uninsured / Underinsured Motorist Coverage**  
**FULL RELEASE**

I/we, for the sole consideration of \_\_\_\_\_  
\_\_\_\_\_ dollars (\$ \_\_\_\_\_) to be paid by  
\_\_\_\_\_, hereinafter called  
the Company, the undersigned in his/her/their capacity as insured(s), and/or as parent(s) or guardian(s) of a  
minor \_\_\_\_\_, and/or as spouse or legal representative(s)  
of a deceased insured \_\_\_\_\_, do hereby forever discharge and  
release the Company from any and all claims under the Uninsured/Underinsured Motorist coverage issued  
by the Company to \_\_\_\_\_ under Policy  
Number \_\_\_\_\_, and resulting from an accident which occurred on \_\_\_\_\_,  
at or near \_\_\_\_\_.

I/We, further agree to execute and deliver to the Company any and all instruments and papers that may be  
deemed necessary or appropriate to settle, prosecute, institute, or compromise any action or claim and to  
carry out the provision and intent of said coverage.

I/We, further agree, individually, or as designated above, in accordance with the terms of said coverage, to  
take at the sole expense of the Company and through representatives designated by the Company, such  
action as may be appropriate or necessary to recover from the owner, operator, person, or organization  
responsible for the operation of such uninsured/underinsured vehicle, the damages resulting from such  
injury or death, and property damage, if applicable, and further agree to hold any monies received as the  
result of settlement of judgment in trust for the Company to be paid to the Company immediately upon  
receipt of those monies; provided that any sum received in excess of the amount paid by the Company,  
including legal or other expenses incurred by it in completing the recovery, shall be retained by me/us.

I/We, further agree that no settlement of such claim, demand, or cause of action has been made.

**WITNESS(ES):**

\_\_\_\_\_  
Witness  
\_\_\_\_\_  
Witness  
\_\_\_\_\_  
Claim Number

**SIGNATURE(S):**

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Date

**NOTARY:**

State of \_\_\_\_\_ ; County of \_\_\_\_\_ ; SS

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me appeared \_\_\_\_\_

\_\_\_\_\_  
who is known to be the person(s) named herein and who voluntarily executed this release.

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Date Commission Expires