

# INSURED'S RELEASE

To \_\_\_\_\_ Insurance Company of \_\_\_\_\_.  
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 from 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.

WITNESS my/our signature and seal this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

**WITNESS(ES):**

**SIGNATURE(S):**

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
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