

Business Interruption Insurance Claim Release Form

This form must be completed and signed by the Claimant and submitted to the Insurer. Please complete all applicable sections.

1. Insured Business Information

Business Name

Policy Number

Contact Person

Business Address

Phone Number

2. Claim Details

Claim Number

Date of Loss/Event

Amount of Claim (in currency)

Description of Business Interruption Event

3. Release Statement

In consideration of the payment of the claim stated above, the undersigned hereby releases and discharges the Insurer, its agents, representatives, successors, and assigns from all claims, demands, actions, and causes of action arising out of or in connection with the named policy and the subject loss. This release does not affect any claims that may arise for subsequent losses or claims not related to this event.

4. Declaration & Signature

I hereby declare that the information provided above is true and correct to the best of my knowledge, and I acknowledge that I have read and understand the above release statement.

Authorized Signatory (Claimant)

Date

Witness

Date