

Final Release Document

Business Interruption Insurance Settlement

Policyholder Name: _____

Policy Number: _____

Claim Number: _____

Date of Loss: _____

Insurance Company: _____

The undersigned, being duly authorized, acknowledges receipt from the above-named Insurance Company of the sum of \$_____ in full and final settlement of all claims arising out of or relating to business interruption, as a result of the incident reported on *Date of Loss*, under Policy Number listed above.

By signing below, the undersigned does hereby completely and forever release and discharge the Insurance Company, its agents, employees, successors, and assigns from any and all further liability, claims, demands, and causes of action related to the above-mentioned business interruption claim under the referenced policy.

The undersigned acknowledges that this settlement is accepted voluntarily and that no further monies, benefits, or compensation will be sought from the Insurance Company with respect to this claim.

This release is binding upon the undersigned, their heirs, executors, administrators, successors, and assigns.

Executed this ____ day of _____, 20____.

Policyholder Signature:

Print Name:

Title (if applicable):

Date:

Insurance Company Representative Signature:

Print Name:

Title:

Date: