

# Insurance Settlement Release Document for Business Interruption

## Policy & Claim Information

Policyholder Name

Business Name

Policy Number

Claim Number

Date of Incident

Settlement Amount (USD)

## Release Statement

By signing this document, the Policyholder acknowledges receipt of the settlement amount stated above as full and final settlement of all claims related to business interruption under the referenced policy and claim number. No further claims or demands will be made against the Insurer in respect to



## Additional Notes

(Optional)

Policyholder Signature      Date

Representative of Insurer      Date