

Settlement Agreement Form

Business Interruption Coverage

This Settlement Agreement ("Agreement") is made and entered into as of

by and between:

Insured Business Name:

Business Address:

Insurance Company:

Policy Number:

Claim Number:

Recitals

Summary of Business Interruption Event:

Claim Description & Dispute:

Settlement Terms

Settlement Amount (in figures):

Settlement Amount (in words):

Payment Terms:

Other Terms and Conditions:

Release of Claims

The parties hereby agree to release, acquit, and forever discharge each other from any and all known or unknown claims arising out of or relating to the above-mentioned business interruption claim, except as specified herein.

Signatures

Insured Representative (Name & Title):

Signature:

Date:

Insurer Representative (Name & Title):

Signature:

Date: