

# Settlement Discharge Acknowledgment

## Business Interruption Claim

**Claim Reference No.:**

**Date:**

**Policyholder Name:**

**Business Name:**

**Policy Number:**

**Settlement Amount:**

USD \$ \_\_\_\_\_

**Acknowledgment:**

I, the undersigned, hereby acknowledge receipt of the settlement payment stated above for the business interruption claim under the policy referenced herein. By signing below, I confirm that this payment is in full and final discharge of all claims, demands, and rights of action arising out of or relating to this business interruption claim. I confirm that no further claim in respect of this event will be made against the Insurer or its representatives.

**Additional Remarks (if any):**

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**Policyholder Signature:**

**Name:**

**Date:**