

RELEASE AND SETTLEMENT OF CLAIM

Claim Number:
CCPS Number:
Insured :

FOR THE SOLE CONSIDERATION of Dollars 00/100 \$ I/we, residing at (hereinafter "Releasors") do hereby release, acquit and forever discharge Sentinel Insurance Company, ("The Hartford") its respective affiliates, employees, representatives, principals, agents, successors and assigns from any and all actions, causes of action, claims and demands, damages, costs, loss of services, expenses and compensation on account of or in any way arising out of any and all known and unknown personal injuries and property damage resulting or to result from an accident which occurred on or about at or near Releasors do hereby agree to indemnify and save harmless the said Insured and The Hartford from all further claims or demands, costs or expense arising out of the injuries or damage sustained by Releasors. It is further agreed that in the event other parties are responsible to Releasors for damages as a result of this accident, the execution of this Release and Settlement Agreement shall operate as a satisfaction of my/our claim against such other parties to the extent of the pro rata share of the parties herein released.

It is expressly warranted by Releasors that no promise or inducement has been offered except as herein set forth; that this Release and Settlement Agreement is executed without reliance upon any statement or representation of the person or parties released, or their representatives, concerning the nature and extent of the injuries, damages and/or legal liability therefore; that acceptance of the consideration set forth herein is in full accord and satisfaction of a disputed claim for which liability is expressly denied.

IN WITNESS THEREOF, I/we have signed our signatures this ___ day of _____, _____.

Table with 3 columns: Name, Address, Signature. Rows for Releasor Name, Witness Name.

STATE OF _____ }
COUNTY OF _____ } ss.

Sworn and subscribed to before me by the above named person(s) who personally appeared before me this ___ date of _____, 20___, and who acknowledged that he/she/they signed the instrument freely and voluntarily.

Notary Public

Writing Company: Sentinel Insurance Company

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.