October 1, 2014

Claim Number:

Location of Risk:

Policy Number:

Date of Loss:

Dear Claimant:

Enclosed please find a Release for settlement of your claim. You must sign the form at the lower right where it says signature. The signature should be witnessed by a disinterested party and dated. **It is not necessary to have the form notarized.**

The completed form should be returned to me promptly in order for the Massachusetts Property Insurance Underwriting Association (MPIUA) to process your payment.

If you have any questions, please do not hesitate to contact me at \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Very truly yours,

Claims Adjuster

Enclosure.

***Claim #:*\_ \_\_\_\_\_**

***RELEASE***

***In consideration of $* \_\_\_\_\_\_\_\_*\_\_\_ to be paid by Massachusetts Property Insurance Underwriting Association to*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_** ***the undersigned hereby releases said Association and its Member Companies from any and all claims, demands or causes of action which I [we] have against said Association and its Member Companies and especially from any and all liability under Policy Number MUA* \_\_\_\_\_\_\_\_ *on account of said loss or damage to* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ *situated at* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*, resulting from* \_\_\_ *which occurred on or about \_\_\_\_\_\_\_\_ .***

***The undersigned hereby assigns to said Association and its Member Companies any right or cause of action the undersigned may have against any person, firm, association or corporation for the recovery of such loss or damage to the extent of the aforesaid payment, and hereby agrees to cooperate with said Association and its Member Companies and execute upon request all documents necessary to effectuate the foregoing assignment and recovery thereunder.***

***Executed this day of , 20\_\_\_ at .***

***Your Social Security #:***

**Witness Signature**

**Witness Signature**