



Agreement and Release

FOR AND IN CONSIDERATION of the payment of the sum of _____ dollars, the receipt and sufficiency of which is hereby acknowledged, and of the promise of payment to the undersigned of benefits in accordance with the SCHEDULE OF BENEFITS set forth below, by the Company accepting this Agreement,

SCHEDULE OF BENEFITS

(1) To pay all reasonable and necessary expenses, not previously paid by the company, not to exceed \$15000.00 incurred for medical, dental or surgical treatment, ambulance, hospital, professional nursing services, and prosthetic devices, furnished to the named beneficiary as a result of the accident described herein and not previously considered or included in the above paid consideration, from the date of the accident described herein to 180 days following the date of this Agreement.

The undersigned hereby releases and forever discharges _____ and any and all other persons, firms, or corporations liable or who might be claimed to be liable, from any and all claims, demands, damages, actions, causes of action or suits of any kind or nature whatsoever, both to person and property, and particularly on account of all injuries, known and unknown, sustained by (Named Beneficiary) _____ which have resulted or may in the future develop as a result of an accident which occurred on or about the 21 day of August , 2020, at or near _____

It is also agreed and understood that this settlement is the compromise of a disputed claim, and that the payment is not to be construed as an admission of liability on the part of the persons, firms, and corporations hereby released, by whom liability is expressly denied. The execution of this release does not bar the right of parties released hereunder to pursue available legal remedies against the undersigned, his/her heirs, executors, agents and assigns. This Agreement and Release contains the entire agreement between the parties hereto, and the terms of this instrument are contractual and not a mere recital. It is further agreed that all parties to this instrument have carefully read the contents of this Agreement and Release and the signatures below are the voluntary and free act of each.

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

I/We have hereunto set my/our hand(s) and seal(s) this _____ day of (month) _____, (year) _____.

IN PRESENCE OF _____ Signed X _____

_____ Signed X _____

Witness

Accepted By:

- | | |
|--|---|
| <input checked="" type="checkbox"/> State Farm Mutual Automobile Insurance Company | <input type="checkbox"/> State Farm General Insurance Company |
| <input type="checkbox"/> State Farm Fire and Casualty Company | <input type="checkbox"/> State Farm Lloyds |
| <input type="checkbox"/> State Farm County Mutual Insurance Company of Texas | <input type="checkbox"/> State Farm Indemnity Company |

Claim Number:

Authorized Representative:

Address: PO Box 106171 Atlanta GA 30348-6171

Telephone Number: _____