



In consideration of such payment(s) the Innovate Insurance is hereby discharged and forever released from any and all further claims, demands, or liability under their policy as result of the loss and damage indicated.

Signature

Date

Please sign and date this form, and return it to the following address:

**Innovate Insurance
1550 Orange Avenue
Coronado, California 92118**

If you have any questions or concerns about this matter, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink that reads "Carl Segrum".

Carl Segrum
Insurance Agent

**Phone: 555.555.5555
Email: csegrum@innovate.com**