

# FINAL SETTLEMENT ACCEPTANCE LETTER

## Enhanced Version with Complete Terms and Protections

**Document Category:** Settlement & Payment

**Document Number:** 13 of 33

**Priority Level:** FORMAL ACCEPTANCE - BINDING

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### POLICYHOLDER INFORMATION

**Jennifer Martinez**

8924 Riverside Drive

Gainesville, GA 30501

(770) 555-3421

[jmartinez.claims@email.com](mailto:jmartinez.claims@email.com)

**Date:** April 22, 2024

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### RECIPIENT INFORMATION

**SENT VIA:** Email with Read Receipt, Certified Mail #7022-0410-0001-2847-3695, Fax Confirmation

**National Indemnity Insurance Company**

Claims Department

Attn: Thomas Wright, Senior Adjuster

P.O. Box 45782

Charlotte, NC 28245

CC: Settlement Department

CC: Legal Department (Matter #2024-GA-8892)

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### MATTER IDENTIFICATION

**Re: ACCEPTANCE of Final Settlement Offer - Binding Agreement**

Policy Number: HO-447829156

Claim Number: 2024-WD-18847

Date of Loss: March 5, 2024

Settlement Offer Date: April 18, 2024  
Settlement Amount: \$127,500.00  
Property Address: 8924 Riverside Drive, Gainesville, GA 30501

FORMAL ACCEPTANCE

Dear Mr. Wright:

This letter confirms my ACCEPTANCE of National Indemnity Insurance Company's settlement offer dated April 18, 2024 in the amount of \$127,500.00 as full and final settlement of the above-referenced claim, subject to the specific terms, conditions, and understandings set forth below.

This acceptance creates a binding settlement agreement upon carrier's receipt.

SECTION 1: SETTLEMENT TERMS ACCEPTED

COMPREHENSIVE SETTLEMENT STRUCTURE

A. Financial Terms Accepted

Component	Amount	Payment Method	Timeline	Payee(s)
Principal Settlement	\$127,500.00	Wire Transfer	Within 10 days	Jennifer Martinez / Wells Fargo Mortgage
Interest (if any)	\$0.00	N/A	N/A	N/A
Total Settlement	\$127,500.00			

B. Payment Schedule Accepted

Payment #	Amount	Due Date	Purpose	Conditions
Payment 1	\$50,000.00	May 2, 2024	Immediate repairs	Upon execution
Payment 2	\$77,500.00	May 9, 2024	Balance of settlement	Final release signed
Total	\$127,500.00			

C. Payee Designation Accepted

Payee Order	Name	Relationship	Tax ID	Amount/Percentage
1	Jennifer Martinez	Insured	XXX-XX-4521	60% (\$76,500.00)
2	Wells Fargo Home Mortgage	Mortgagee	XX-XXXXXXX	40% (\$51,000.00)

## SECTION 2: CONDITIONS OF ACCEPTANCE

### EXPRESS CONDITIONS

This acceptance is contingent upon and subject to:

#### A. Payment Conditions

Condition	Requirement	Verification Method	Remedy if Failed
Timely payment	Within 10 days	Bank confirmation	Acceptance void
Full amount	\$127,500.00 exact	Deposit verification	Right to reject
Clear funds	No reversal	10-day clearance	Return and void
Correct payees	As specified	Check face	Reissuance

#### B. Documentation Conditions

Document	Required From	When Due	Purpose
Settlement agreement	Carrier	With payment	Terms confirmation
Release form	Carrier	With payment	Mutual execution
Claim summary	Carrier	With payment	Payment breakdown
Tax forms	Carrier	As required	IRS compliance

#### C. No Additional Conditions

This acceptance expressly rejects any:

- New terms not discussed
- Additional releases beyond scope
- Indemnification beyond mutual
- Confidentiality beyond reasonable
- Any reduction in amount

SECTION 3: SCOPE OF RELEASE

PRECISE RELEASE DEFINITION

A. Claims Released Upon Payment

Upon receipt of settlement funds, I agree to release:

Released Claims	Description	Time Period	Applicable Parties
Property damage	From this wind/hail event	March 5, 2024 event only	National Indemnity only
ALE/Loss of use	Related to this loss	During restoration	National Indemnity only
This claim only	Claim #2024-WD-18847	This incident	Named parties
Contract claims	Under this policy	This loss only	Policy parties

B. Claims NOT Released

This settlement expressly DOES NOT release:

Preserved Claims	Reason	Documentation	Future Rights
Future losses	Different occurrence	N/A	Fully preserved
Other coverages	Not part of claim	Separate	Available
Policy renewal	Continuing contract	Policy	Unaffected
Other policies	Different coverage	Various	Unaffected
Third parties	Not party to settlement	N/A	Preserved
Subrogation	Against tree service company	If applicable	Assigned

C. Bad Faith Considerations

Settlement of claim includes:

- ☒ Resolution of coverage dispute
- ☒ Resolution of valuation dispute
- ☒ Waiver of bad faith claims for this claim only
- ☐ Waiver of pattern/practice claims
- ☐ Waiver of class action rights
- ☐ Waiver of regulatory complaints

SECTION 4: UNDERSTANDING OF FINALITY

# ACKNOWLEDGMENT OF SETTLEMENT FINALITY

## I Understand and Acknowledge:

Understanding	Implication	Acceptance	Initial
Settlement is final	No supplements	Understood	JM
No additional claims	For this loss	Accepted	JM
Release is binding	Upon payment	Agreed	JM
Cannot be reopened	Except fraud	Understood	JM
Claim closed	Upon payment	Accepted	JM

## Exceptions to Finality:

Settlement may be challenged only for:

- 1. Fraud in inducement
- 2. Material misrepresentation
- 3. Mutual mistake of fact
- 4. Payment failure
- 5. Duress (not economic)

# SECTION 5: TAX CONSIDERATIONS

## TAX TREATMENT UNDERSTANDING

### Tax Implications Acknowledged:

Payment Component	Amount	Tax Treatment	1099 Expected
Property damage	\$122,500.00	Non-taxable	No
Personal property	\$5,000.00	Non-taxable	No
ALE	\$0.00	N/A	No
Interest	\$0.00	N/A	No
Total	\$127,500.00		

### Tax Understanding:

- I understand settlement may have tax implications

- I will consult tax advisor if needed
  - Carrier makes no tax representations
  - I'm responsible for tax compliance
- 

## SECTION 6: RELEASE EXECUTION PROCESS

### POST-PAYMENT OBLIGATIONS

#### Upon Receipt of Payment, I Will:

Action	Timeline	Method	Confirmation
Verify amount	Immediately	Bank confirmation	Email/call
Execute release	Within 3 days	Sign and return	Certified mail
Dismiss litigation	N/A	N/A	N/A
Notify mortgagee	Within 5 days	Written notice	Copy carrier
Confirm closure	Upon completion	Written	Email

#### Release Document Requirements:

I will execute release that:

- ☒ Is mutual where appropriate
  - ☒ Limited to this claim
  - ☒ Contains no new terms
  - ☒ Matches this acceptance
  - ☐ Does not include unrelated matters
  - ☐ Does not expand beyond agreement
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## SECTION 7: PAYMENT INSTRUCTIONS

### DETAILED PAYMENT DIRECTIONS

#### A. Primary Payment Method

**Preferred: Wire Transfer**

Wire Information	Details	Verification
Bank name	Wells Fargo Bank	(800) 555-0100
Routing number	121000248	Confirmed
Account number	XXXX-XXXX-8847	Verified
Account name	Jennifer Martinez	Matches exactly
Reference	Claim #2024-WD-18847	Required

B. Alternative Payment Method

If Wire Not Available: Check

Check Requirements	Specification	Special Instructions
Payable to	Jennifer Martinez and Wells Fargo Home Mortgage	As specified above
Amount	\$127,500.00	No reduction
Delivery	Overnight/tracked	Signature required
Address	8924 Riverside Drive, Gainesville, GA 30501	Secure location

C. Split Payment Instructions

Payment To	Amount	Purpose	Method
Insured	\$76,500.00	Repairs and contents	Direct
Mortgagee	\$51,000.00	Secured interest	Joint check

SECTION 8: MORTGAGEE CONSIDERATIONS

MORTGAGEE INVOLVEMENT

Mortgagee Information:

Mortgagee Details	Information	Contact
Institution	Wells Fargo Home Mortgage	(800) 555-3456
Loan number	0048829156	Reference
Insurance dept	Property Loss Department	Sandra Chen
Required process	Standard endorsement	5-7 business days

Agreed Process:

1. Check includes mortgagee as payee
  2. Endorsement process understood
  3. Inspection requirements known
  4. Release schedule agreed
  5. No unreasonable delays expected
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## SECTION 9: OUTSTANDING ITEMS

### MATTERS TO ADDRESS BEFORE CLOSURE

#### Carrier to Provide:

Item	Purpose	Due Date	Method
Depreciation held	If RCV coverage	Upon completion	Check
Final statement	Claim summary	With payment	Written
Paid receipt	Payment confirmation	After payment	Email
Claim closure letter	File closure	After release	Mail

#### Policyholder to Provide:

Item	Purpose	Due Date	Method
Signed release	Legal requirement	Upon payment	Mail
Dismissal	If litigation	N/A	N/A
Satisfaction	Public record	If recorded	Recording

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## SECTION 10: COMMUNICATION PREFERENCES

### SETTLEMENT ADMINISTRATION CONTACTS

#### Payment Notifications:



Notification Type	Method	Contact Info	Timing
Payment sent	Email	<a href="mailto:jmartinez.claims@email.com">jmartinez.claims@email.com</a>	Same day
Tracking info	Text	(770) 555-3421	When available
Receipt confirm	Call	(770) 555-3421	Upon receipt
Issues/questions	All	All contacts	Immediate

**Documentation Routing:**

Document Type	Send To	Method	Copy To
Payment docs	8924 Riverside Drive	Mail	Email
Releases	8924 Riverside Drive	Certified	Email
Correspondence	<a href="mailto:jmartinez.claims@email.com">jmartinez.claims@email.com</a>	Email	File

**SECTION 11: PROFESSIONAL REPRESENTATIVES**

**PROFESSIONAL FEE CONSIDERATIONS**

**From Settlement Proceeds:**

Professional	Role	Fee Basis	Amount/%	Payment Instructions
Public Adjuster	Claim Solutions Inc.	10% of settlement	\$12,750.00	Direct payment
Attorney	N/A	N/A	N/A	N/A
Contractor	RestorePro LLC	Work performed	Per contract	As agreed
Engineer	Dr. Thompson	Services rendered	\$3,500.00	Paid separately

**SECTION 12: REPAIR COMMENCEMENT**

**POST-SETTLEMENT ACTIONS**

**Planned Use of Funds:**

Purpose	Amount	Contractor	Start Date	Completion
Emergency repairs	\$15,000.00	RestorePro LLC	Complete	Complete
Structural repairs	\$85,000.00	RestorePro LLC	May 15, 2024	July 30, 2024
Contents replacement	\$15,000.00	Various	May 2024	June 2024
Professional fees	\$12,500.00	N/A	As billed	May 2024

SECTION 13: ACKNOWLEDGMENTS AND REPRESENTATIONS

BINDING ACKNOWLEDGMENTS

I Acknowledge That:

Acknowledgment	Understanding	Initial
I have read all terms	Complete understanding	JM
I have authority to settle	Legal capacity	JM
I had opportunity for counsel	Could have consulted attorney	JM
I enter voluntarily	No improper pressure	JM
No other promises made	Only written terms	JM
Settlement is fair	Acceptable resolution	JM
Binding on heirs/assigns	Perpetual effect	JM

SECTION 14: POLICY CONTINUATION

ONGOING INSURANCE RELATIONSHIP

This Settlement Does Not Affect:

Policy Element	Status	Confirmation
Policy in force	Continues	Premium current
Coverage available	For future losses	Full limits
Renewal rights	Per policy terms	Unaffected
Premium obligations	Continue	Payment required
Other coverages	Available	All endorsements

SECTION 15: DOCUMENTATION OF AGREEMENT

REQUESTED CONFIRMATIONS

Please Provide:

Document	Purpose	Format	Timing
Written acceptance confirmation	Verify agreement	Email/letter	Immediate
Payment processing confirmation	Verify in process	Email	Within 24 hrs
Claim payment summary	Detail breakdown	Written	With payment
Final claim report	Close file	Written	After release

SECTION 16: APPRECIATION AND COOPERATION

PROFESSIONAL RESOLUTION

I appreciate the professional resolution of this claim. While the process has been challenging, I'm pleased we could reach a mutually acceptable settlement without litigation.

I commit to:

- Prompt execution of release documents
- Cooperation in closing matters
- Professional ongoing relationship
- No disparagement of carrier

SECTION 17: TIME SENSITIVITY

ACCEPTANCE VALIDITY

This acceptance is valid through: **May 22, 2024** (30 days)

If payment is not received by this date:

- Acceptance may be withdrawn
- Terms may be renegotiated
- Rights are reserved
- Claim remains open

## SECTION 18: RESERVATION OF RIGHTS

### LIMITED RESERVATION

#### Rights Reserved:

Reserved Right	Scope	Condition
Payment verification	Confirm full amount	Until cleared
Release review	Ensure matches agreement	Before signing
Enforcement	Of settlement terms	If breached
Challenge	For fraud only	If discovered

## SECTION 19: QUESTIONS OR CONCERNS

### SETTLEMENT ADMINISTRATION

Should you have any questions about this acceptance, please contact:

#### Primary Contact:

Name: Jennifer Martinez

Phone: (770) 555-3421

Email: [jmartinez.claims@email.com](mailto:jmartinez.claims@email.com)

Available: Monday-Friday, 9 AM - 6 PM EST

#### Alternative Contact:

Name: Michael Martinez (spouse)

Phone: (770) 555-3422

Email: [mmartinez@email.com](mailto:mmartinez@email.com)

## CONFIRMATION REQUEST

Please acknowledge receipt of this acceptance and confirm:

1. ☒ Settlement amount: \$127,500.00
2. ☒ Payment timeline: Within 10 days
3. ☒ Payment method: Wire transfer
4. ☒ Processing has begun

5. ☒ No issues anticipated

**Confirmation needed by:** April 24, 2024, 5:00 PM EST

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## CONCLUSION

This acceptance resolves all disputes regarding this claim. I look forward to receiving the settlement payment promptly and closing this matter professionally.

Thank you for working toward this resolution.

Sincerely,

**Jennifer Martinez**

April 22, 2024

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## ACCEPTANCE EFFECTIVE UPON RECEIPT

### ATTACHMENTS

☒ None required for acceptance

☒ Will provide upon request:

- Banking information for wire
- W-9 for tax reporting
- Any clarifications needed

### DISTRIBUTION

cc: Wells Fargo Home Mortgage - If named payee

cc: Claim Solutions Inc. (Public Adjuster) - For information

cc: File

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## BINDING SETTLEMENT ACCEPTANCE

### PAYMENT EXPECTED WITHIN 10 DAYS

*Note: This template is provided for informational purposes only and does not constitute legal advice. Users should customize all fields with their specific information and consult with appropriate professionals before accepting insurance claim settlements. This document may create binding legal obligations.*

