



6000 American Parkway
Madison, WI 53783-0001

Underwritten By:
American Family Connect Property And Casualty Insurance
Company
Tel: 1-888-404-5365
Fax: 1-866-935-2858

RAMOS LAW
10190 BANNOCK ST STE 200
NORTHGLENN, CO 80260-6083

Claim Number:	01-007-210607
Date Of Loss:	02/05/2024
Policy Number:	AI03421188
Policyholder:	Jason Leng And Thavy Leng

April 16, 2024

Dear Ramos Law,

This correspondence is regarding the Injury claim for Tamara Anderson.

This letter confirms the conversation we had in which we agreed to settle the Liability - Bodily Injury claim. In order to conclude this claim, we are asking your client to complete and return the enclosed document(s) below in the envelope provided.

- **General Release:** This document is related to the loss which occurred on the above date.

Please contact us if you have any questions about this claim. We are glad to help.

Sincerely,

Peter Ruesch

Peter Ruesch
Senior Desk Adjuster
AFICS on behalf of American Family Connect Property and Casualty Insurance Company
Peter.Ruesch@afics.com
Phone: 1-608-722-2518 | Fax: 1-866-935-2858
Mail: 6000 American Parkway, Madison, WI 53783-0001

RELEASE AND INDEMNITY AGREEMENT

FOR THE SOLE CONSIDERATION OF Forty Five Thousand Dollars and zero /100 (\$45,000.00), the receipt of which is hereby acknowledged, I, Tamara Anderson hereby fully and forever release and discharge Jason Leng, Aspen Leng, Thavy Leng, Erica Leng, American Family Connect Property and Casualty Insurance Company, their heirs, administrators, executors, successors and assigns, and all other persons and organizations who are or might be liable, from all claims for all damages I sustained as the result of an accident which occurred on or about 02/05/2024, at i25 Hiway Douglas, CO.

By executing this release, I intend and agree that this release applies to all of my claims directly or indirectly from said accident, present and future, including, but not limited to, damage to or destruction of property; claims for known or unknown injuries, developments, consequences and permanency of those injuries; and there is no misunderstanding in this regard.

I acknowledge that this settlement is the compromise of a doubtful and disputed claim and that the payment is not to be construed as an admission of liability on the part of the persons, corporations, associations, or partnerships who are hereby released by whom liability is expressly denied.

I agree that if more than one person has executed this release, the consideration paid shall apply jointly to all such persons. All other provisions shall apply separately to each such person. The word "person" as used in this paragraph includes natural persons, firms, associations, organizations and corporations.

It is further agreed that this Settlement Agreement and Release shall be construed according to the laws of the State of Colorado, and that the terms hereof are contractual in nature and not mere recitals.

I further agree that any claim of whatever kind or nature the above named released parties might have or hereafter have arising out of the above accident is hereby expressly reserved to them.

I understand this release contains the entire agreement between the parties, and the terms of this Release are contractual and not a mere recital. I hereby certify that I have read this Release and Indemnity Agreement and that I fully understand and voluntarily agree to all terms for the purpose of making a full and final compromise adjustment and settlement of any and all claims for the express purpose of precluding forever any claims arising out of the aforementioned accident. I sign as my own free act.

State law requires us to advise you of the following:

"It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies."

Signature

Date

Printed Name

Signature

Date

Printed Name

