

FULL RELEASE RECEIPT

Claim # _____

For and in consideration of the sum of _____
_____ Dollars (\$ _____) paid by _____

of _____ State of _____

I/we _____

of _____ State of _____

hereby acknowledge receipt of said sum and accept the same in full satisfaction and settlement of all claims and demands against said _____

and any other person, firm or corporation charged or chargeable with responsibility or liability and I/we for myself/ourselves, and my/our heirs, executors, administrators and assigns hereby release and discharge the said named _____

and any other person, firm or corporation charged or chargeable with responsibility or liability from all claims, demands, actions or causes of action on account of personal injuries and property damage, direct or indirect, both known or unknown resulting from or which may hereafter result from an accident that occurred on or about the _____ day of _____, _____, at _____

The undersigned understands and agrees that said payment is the sole consideration for this release and is in full settlement of all claims resulting from said accident and warrants that no promise or inducement has been offered or made except as herein set forth; that this release is executed without reliance upon any statement or representation by any of the parties released herein, or by their representatives or physicians concerning the nature and extent of the injuries, and damages, or either of them, or the legal liability therefor; that the undersigned is of legal age and legally competent to execute this release and accept its full responsibility.

The undersigned warrants and represents that no assignment of this claim has been made.

The undersigned understands that the parties hereby released admit no liability of any sort by reason of said accident and agrees that the said payment and settlement is made in compromise to terminate further controversy respecting all claims for damages that the undersigned have previously asserted or that the undersigned or his/their personal representatives might hereafter assert because of said accident.

The undersigned agrees to indemnify and hold harmless the released parties and their insurer(s), including all legal fees and expenses incurred, due to all claims, demands, actions, or causes of actions pursued by anyone after the execution of this release which arise from injuries or damages to the undersigned because of said accident. In Witness Whereof, I/we have hereunto set my/our hands this _____ day of _____, _____

REFER TO STATE SPECIFIC LANGUAGE ON PAGE 2 BEFORE SIGNING THIS FORM

**Signed and Delivered in
the presence of**

SIGNED:



ALABAMA STATUTES PROVIDE THAT “Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.”

ARIZONA STATUTES PROVIDE THAT “For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.”

ARKANSAS STATUTES PROVIDE THAT “Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.”

COLORADO STATUTES PROVIDE THAT “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.”

FLORIDA STATUTES PROVIDE THAT “Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.”

IDAHO STATUTES PROVIDE THAT “Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.”

INDIANA STATE STATUTES PROVIDE THAT “A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.”

KENTUCKY STATUTES PROVIDE THAT “Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.”

MINNESOTA STATUTES PROVIDE THAT “A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.”

OHIO STATUTES PROVIDE THAT “Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.”

PENNSYLVANIA STATUTES PROVIDE THAT “Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.”

TENNESSEE STATUTES PROVIDE THAT “It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.”

VIRGINIA STATUTES PROVIDE THAT “It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.”