

Date: [Insert Date]

[Recipient Name]
[Recipient Address]
[City, State, Zip Code]

Re: Full and Final Settlement of Claim

Claim Number: [Insert Claim Number]
Policy Number: [Insert Policy Number]
Date of Incident: [Insert Date of Incident]

Dear [Recipient Name],

This letter serves to formalize the agreement regarding the settlement of the above-referenced claim. [Company Name] agrees to pay, and [Recipient Name] agrees to accept, the total sum of **[\$Insert Amount]** as a full and final settlement of any and all claims arising from the incident occurring on [Date of Incident].

By accepting this payment, you hereby release and forever discharge [Company Name], its agents, employees, and successors from any further liability, demands, or causes of action, whether known or unknown, relating to this specific claim.

Please find the enclosed check in the amount stated above. Your endorsement and deposit of this check constitute your formal acceptance of these terms and the final closure of this file.

If you have any questions, please contact our office at [Insert Phone Number].

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Title]
[Company Name]