[Your Name/Company Name]
[Your Address]
[City, State, Zip Code]
[Date]

[Insurance Company Name]
[Adjuster Name]
[Claim Department Address]
[City, State, Zip Code]

RE: SETTLEMENT OFFER AND RELEASE OF CLAIMS
Claim Number: [Insert Claim Number]
Policy Number: [Insert Policy Number]
Insured: [Your Business Name]
Date of Loss: [Insert Date Range]

To [Adjuster Name],

This letter serves as a formal proposal to settle the above-referenced Business Interruption claim. Based on our financial records and the coverage provided under the policy, we have calculated the total loss of business income and extra expenses incurred during the period of restoration.

Summary of Loss:

- Net Income Loss: $[Amount]
- Continuing Normal Operating Expenses: $[Amount]
- Extra Expenses Incurred: $[Amount]
- **Total Settlement Requested: $[Total Amount]**

Supporting documentation, including profit and loss statements, tax returns, and expense receipts, is attached for your review.

Terms of Release:

Upon receipt of the total settlement amount of $[Total Amount], [Your Business Name] agrees to release [Insurance Company Name] from any and all further liability, claims, or demands specifically relating to the Business Interruption loss occurring on [Date]. This release is contingent upon the full payment of the agreed-upon sum and does not apply to any other pending claims or coverage areas not specified herein.

Please review this offer and respond in writing within [Number] business days. We are open to discussing this figure to reach a prompt and equitable resolution.

Sincerely,

[Signature]

[Your Printed Name]
[Your Title/Position]