

WITHDRAWAL OF CLAIM

INSURED:
CLAIM NO.:
POLICY:
D/O/L:
OUR FILE NO.:

I, **NAMED INSURED**, elect to withdraw my claim for any benefits from this policy, pursuant to a loss reported to **NAME OF INSURANCE COMPANY** which was reported to have occurred on **DATE OF LOSS**.

I also state that I have not been coerced into making this decision, but do so of my own free will. I will not pursue this matter any further in any forum or form whatsoever. I further understand that I will be solely responsible for any expenses incurred by me in connection with this claim.

This _____ day of _____, 2000

_____, L.S.
NAMED INSURED

ADDRESS OF NAMED INSURED
TELEPHONE NUMBER OF NAMED INSURED

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RE: INSURED:
CLAIM NO.:
POLICY:
D/O/L:
OUR FILE NO.:

Dear **NAMED INSURED**:

This will confirm your conversation with **NAME OF ADJUSTOR** that you have located the missing items which were reported to **NAME OF INSURANCE COMPANY** and are the subject matter of this claim. Before we can conclude this claim, we would request that you sign the attached Withdrawal of Claim and forward same to the undersigned in the enclosed, self-addressed stamped envelope. Once we receive this form, we will advise you that the matter is closed and that no further investigation is needed in this claim.

If you should have any questions, or if I might be of further assistance, please do not hesitate to contact me at the above-captioned number. With best personal regards, I am