

Modified Insurance Claim Settlement Agreement

Date: [Insert Date]

Policyholder Name: [Insert Name]

Policyholder Address: [Insert Address]

Insurance Company: [Insert Insurance Company Name]

Claim Number: [Insert Claim Number]

Agreement Details

This Modified Insurance Claim Settlement Agreement ("Agreement") is made and entered into by and between [Insert Policyholder Name] ("Policyholder") and [Insert Insurance Company Name] ("Insurer").

1. Settlement Amount

The Insurer agrees to pay the Policyholder a total settlement amount of \$[Insert Amount], subject to the terms set forth herein.

2. Release of Claims

The Policyholder agrees to release and discharge the Insurer from any further claims related to this matter upon receipt of the settlement amount.

3. Payment Terms

Payment of the settlement amount will be made to the Policyholder within [Insert Number of Days] days of signing this Agreement.

4. Governing Law

This Agreement shall be governed by the laws of the State of [Insert State].

Signatures

By signing below, the parties hereto agree to the terms of this Modified Insurance Claim Settlement Agreement.

Policyholder Signature: _____ Date: _____

Insurer Representative Signature: _____ Date: _____