

IMPORTANT NOTICE: You are being asked to sign this form so that the Insurance Company can settle the claim against you now instead of waiting until any issues about your coverage under your Insurance Policy have been resolved. Neither you nor the Insurance Company are giving up any rights under the Insurance Policy.

CONSENT TO SETTLEMENT

IN THE MATTER OF
(Describe Nature of Claim)

which is reported to have occurred on or about the

day of 20 at or near
(Place of Occurrence)

involving the undersigned

and claim made by

AND IN THE MATTER OF a Policy of Insurance No.

issued by
(hereinafter called the Insurer)

The undersigned hereby covenants and agrees with the Insurer, as follows:-

1. The undersigned consents to the settlement of the claims against the undersigned of \$..... arising out of the occurrence on the following terms:-
.....
.....
2. The undersigned consents to the settlement of this claim without a judgement having been obtained against the undersigned.
3. In the event of any proceedings between the Insurer and the undersigned the undersigned will not plead nor contend that the settlement was paid without a judgement having been obtained against the undersigned.
4. This settlement shall be without prejudice to the respective rights of the Insurer and the undersigned under the designated policy of insurance.

SIGNED AT this

day of 20 in the presence of:

.....

(Witness)

.....

(Witness)

Insured Is Not An Individual)

..... SEAL

..... SEAL

(Include Name Of Organization and Title Of Person Signing If The Named