## **Homeowners Insurance Claim Release Consent Form**

## **Policyholder Information**

Full Name
Property Address
Policy Number
Contact Number
Email Address
Claim Information
Claim Number
Date of Loss
Description of Loss
Release Consent
I, the undersigned policyholder, acknowledge that I have received payment for the claim referenced above and
hereby release and discharge the insurance company from any further liability relating to this specific claim.
Signature

**Date**