

RELEASE OF CLAIM

Claimant: _____

Date of Claim: _____ **Amount of Claim: \$** _____

Our Principal/Claimant's Customer: _____

Project: _____

SureTec Bond No. (if known): _____

The above referenced claim has been: (please check one)

- paid in full or otherwise satisfied by Principal and Claimant's claim is hereby withdrawn. SureTec is released, or
- partially paid, leaving a revised claim amount of \$ _____, or
- neither paid nor reduced, but Claimant does not desire to pursue the claim and releases SureTec Insurance Company with respect to the claim

Signature of Authorized Representative of Claimant

Typed or Printed Name of Signatory

Title or Position of Signatory

Claimant's phone number: _____

Claimant's email address: _____

Please fax or mail this Release to:

**SureTec Insurance Company
Attn: Bond Claims Dept.
9737 Great Hills Trail, Suite 320
Austin, Texas 78759
Fax No. (512) 732-8010**