



RELEASE OF INTEREST AUTHORIZATION

ATTENTION:

RETURN TO: CLAIMS DEPARTMENT – ATTENTION

DATE _____ POLICY NO. _____

INSURED _____

INSURD ADDRESS _____

In relation to the loss of: _____

Make/Model: _____

Serial Number: _____

This will acknowledge that _____

Has no interest in the asset identified above, including insurance loss settlement proceeds.

DATED THIS _____ DAY OF _____ 20 _____

(Signature of Mortgagee or Representative) (Printed Name)

(Address)

(Email and/or phone)