



Research & Replacement Group, Inc.

For complete & accurate insurance replacement cost of Diamonds, Jewelry, Silver/China, Crystal, Computers & Electronics

RELEASE AND AUTHORIZATION FOR DIRECT PAYMENT

Date: _____

Adjuster: _____

Insurance Company: _____

Claim Number: _____ Insured: _____

I, _____ (Policy Holder), hereby acknowledge that Research and Replacement Group, Inc. will be replacing my personal property items (the "Replaced Items") on my behalf pursuant to my above-referenced claim with _____ Insurance Company. My loss occurred on or about _____ day of (month) _____ 20____. I confirm that each of the items that I will be receiving from Research and Replacement Group, Inc. are to my complete satisfaction and I hereby authorize and direct _____ Insurance Company to pay the full replacement value of the Replaced Items (as may be agreed upon solely between _____ Insurance Company and Research and Replacement Group, Inc.) in full and complete settlement of my insurance claim for the Replaced Items. In consideration of such payment, _____ Insurance Company and Research and Replacement Group, Inc. are each hereby discharged and forever released from any and all further claims or demands under Claim No. _____.

X: _____
(Policy Holder)

Date: ____ / ____ / ____

X: _____
(Research and Replacement Group, Inc.)

Date: ____ / ____ / ____

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