



AGREEMENT

FOR AND IN CONSIDERATION OF the payment of the sum \$ _____ as hereinafter provided, it is mutually understood and agreed by the parties to this agreement that this settlement is the compromise of doubtful and disputed claims arising out of a motor vehicle accident which occurred on or about the _____ . NOW THEREFORE, I, _____ (Month, Day, Year) _____, party of the first part, do promise to pay _____, party of the second part, the total sum of \$ _____, payable \$ _____ on _____ (Month, Day, Year) _____, and further installments of _____ \$ _____ per _____ commencing the _____ (Month, Day, Year) _____ and continuing until paid in full.

IT IS UNDERSTOOD AND AGREED by the parties to this agreement that this agreement **DOES NOT** serve as compliance to the Iowa Financial Responsibility requirements for the above described accident for any person(s) other than those whose signatures have been notarized hereon.

IT IS FURTHER UNDERSTOOD AND AGREED that any notice of default in payments by the first party will require a suspension of license and registration of the defaulting party(s) and no new agreement will be accepted.

IT IS FURTHER UNDERSTOOD AND AGREED by the parties to this agreement that upon payment in full of the sum herein specified, the party(s) of the first part shall stand released and forever discharged from any and all claims, causes of action and demands whatsoever, which the party of the second part has or may hereafter have on account of damage, loss or injury resulting from said accident.

IT IS FURTHER UNDERSTOOD AND AGREED as a result of a judgment and this agreement, consent is given to allow driving and/or registration privileges as allowed by law.

TO BE COMPLETED BY PARENT OR GUARDIAN

I _____ am signing this release on behalf of _____
Parent/Guardian Name of Minor Child/Children
as their parent legal guardian.
(If legal guardian, supporting legal documentation must also be submitted for verification).

TO BE COMPLETED BY INSURANCE COMPANY REPRESENTATIVE SIGNING THIS AGREEMENT RELEASE.

_____ paid \$ _____ to our insured _____
Insurance Company Name Total Names
and/or non insured _____ for loss sustained resulting from this accident.
Names

DATED _____, _____
Year
First Party _____
Address _____
First Party _____
Address _____
First Party _____
Address _____

Subscribed and Sworn by

Party(s) to This Agreement
before me this _____ day of _____ .
Month, Year

Notary Public in and for said County and State

DATED _____, _____
Year
Second Party _____
Title _____
Address _____
Second Party _____
Address _____
Second Party _____
Address _____

Subscribed and Sworn by

Party(s) to This Agreement
before me this _____ day of _____ .
Month, Year

Notary Public in and for said County and State