

**RELEASE AND WAIVER AGREEMENT (the “Release”) FOR SPIRIT COMMERCIAL AUTO  
RISK RETENTION GROUP, INC. (“SPIRIT”) IN LIQUIDATION**

Proof of Claim Number: SP- \_\_\_\_\_

Claimant Name: \_\_\_\_\_ (hereinafter below, the “Releasor”)

Spirit Claim # \_\_\_\_\_ (hereinafter below, the “Spirit Claim”)

Total Allowed Amount: \_\_\_\_\_ (hereinafter below, the “TAA”)

Initial Distribution Amount: \_\_\_\_\_ (hereinafter below, the “IDA”)

- 1. Release.** In exchange for the IDA, Releasor fully releases and discharges Spirit, its Receiver, and Special Deputy Receiver (SDR), and all related persons and entities (the “Releasees”) from any and all claims—known or unknown—arising from the Spirit Claim.
- 2. Payment.** The IDA will be paid by Releasees upon execution and compliance with this Release.
- 3. Waiver.** Releasor waives all claims against Spirit’s insured up to the IDA and agrees to credit and disclose any payments received from a Spirit insured or other third party. This waiver also applies to future distributions, if any. Releasor will credit the Spirit insured for any distribution payments collected from the Receiver.
- 4. No Admission.** Payment of the IDA or any later distribution is not an admission of liability and settles disputed claims only.
- 5. Future Distributions.** Releasor understands the IDA represents about 20% of the allowed claim. Any additional payments require Receivership Court approval and are not guaranteed or promised.
- 6. Assignment.** Releasor assigns to Spirit all claims or rights against Spirit’s affiliates or defendants in the Receiver’s asset recovery actions (*i.e.*, whether in state, federal, or bankruptcy court) related to the TAA but retains the right to any future distributions on the unpaid balance.
- 7. Indemnification.** Releasor indemnifies and holds Releasees harmless from all liens, claims, or demands for the IDA, including any by the Centers for Medicare and Medicaid Services (“CMS”), and is solely responsible for any applicable CMS notification, reimbursement, and recovery obligations.
- 8. Taxes.** Releasor has provided a valid IRS W-9, is responsible for any taxes due, and certifies the accuracy of tax and payee information provided in the W-9.
- 9. Regulatory Reporting & Cooperation.** Upon request, Releasor will provide any information in Releasor’s possession that is needed to complete regulatory reporting for Spirit and will continue to cooperate with the Receiver. Failure to do so may result in loss of payment eligibility.
- 10. Governing Law.** This Release is governed by Nevada law, and any action shall be brought in the Spirit Receivership Court, Clark County, Nevada.
- 11. Entire Agreement.** This document constitutes the full agreement. Releasor affirms being over eighteen, competent, acting voluntarily, and not relying on any statements outside this Release.

**Signature**

Releasor must sign before a Notary Public. By signing below, Releasor agrees to this Release.

\_\_\_\_\_  
**Releasor Signature**

\_\_\_\_\_  
**Releasor Printed Name**

State of \_\_\_\_\_ §

County of \_\_\_\_\_ §

Subscribed and sworn before me this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

[Notary Stamp/Seal]

\_\_\_\_\_  
(Printed Name of Notary)

# Spirit Commercial Auto Risk Retention Group, Inc., in Receivership for Liquidation

Class B Claim Distribution Payment Instruction Form

## Claim Information

Proof of Claim (“POC”) Number: \_\_\_\_\_  
POC Claimant Name: \_\_\_\_\_  
Total Allowed Amount: \_\_\_\_\_  
Initial Distribution Amount (“IDA”) \_\_\_\_\_

## Payment Instructions

- Make IDA check payable to the POC Claimant Name as written above.
- Make IDA check payable to the following individual/entity on behalf of the POC Claimant:

\_\_\_\_\_

(e.g., check will be made payable to “ABC Law Firm, LLC, o/b/o Jane Doe claimant”)

\* If neither of the above options apply to your distribution payment (e.g., if payment will be made to a successor-in-interest, assignee, or heir of the POC Claimant), please call (512) 478-6000 to request the appropriate forms.

## Mailing Instructions

Please provide the address where the check should be mailed:

Name/Attention: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

## Lien or Assignment Disclosure

**POC Claimants are responsible for resolving any liens or assignments which may apply to their claim payments, and must indemnify and hold the Receiver harmless for any third-party demands for payment of the claim distribution payments.**

Class B Claim Distribution Payment Instruction Form

