

RELEASE AND ASSIGNMENT

KNOW ALL MEN BY THESE PRESENTS that, the undersigned, City of Fort Lauderdale, for the sole consideration of Two Hundred Thousand, Five Hundred Seventy-Four Dollars and Twenty-Eight Cents (\$200,574.28), to it paid by Travelers Casualty and Surety Company of America (the “*Company*”) under the provisions of Bond/Policy No. 049-LB-105565006 (the “*Bond/Policy*”), the receipt and sufficiency of which is hereby acknowledged, does hereby release and forever discharge the Company, its parent, affiliates, subsidiaries, successors and assigns in connection with that certain claim described in that certain Proof of Loss dated September 20, 2019 and all additional documentation and information provided in support of said Proof of Loss (the “*Claim*”).

IN FURTHER CONSIDERATION of the aforesaid payment, the undersigned does hereby transfer, assign and set over to the Company all of its claims, rights, demands and causes of action against all persons, firms or corporations whomsoever arising out of or in any way connected with the Claim (the “*Claims and Rights*”). The undersigned represents and warrants that it has not assigned any Claims and Rights to any other party. The Company may pursue the Claims and Rights in its own name, or, if it so elects, in the name of the undersigned. The undersigned further represents and warrants that there are no pending civil lawsuits, actions, arbitrations or other legal proceedings initiated by the undersigned against any person, firm, or corporation arising out of or in any way connected with the Claims and Rights. The undersigned affirms its understanding and agreement (i) that the Company shall have the right, in its sole and absolute discretion, to determine for itself and the undersigned whether to pursue, compromise, settle, and/or abandon any of the assigned Claims and Rights; and (ii) to be bound by the Bond/Policy provisions relating to recovery (including, without limitation, the order of recovery provisions) and to cooperate with the Company to the fullest extent possible to affect recovery.

The undersigned additionally agrees to execute any and all further papers, releases and/or assignments that may be necessary to effectuate the purposes of the above assignment.

Executed at \_\_\_\_\_, \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 2019.

City of Fort Lauderdale

BY: \_\_\_\_\_

Print Name and Title

CAM # 19-1150  
Exhibit 1  
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\*\*\*\*\* Our toll-free number is 800-842-8496 \*\*\*\*\*

If possible, please send future communications and documents concerning this claim via email to SPAPP@travelers.com. Please include the claim number in the subject line. (Please note that in certain cases we may still request original documents).