RLI Insurance Company
P.O. Box 3967 Peoria IL 61612-3967
Phone: 309-692-1000 Fax: 309-692-8637

RELEASE OF THE
RLI Insurance Company

In consideration of the _____**RLI Insurance Company**_____ agreeing to waive any further premiums on _____

Bond No. _____ effective on the _____ day of _____, _____, in our favor, we hereby release and discharge the said _____**RLI Insurance Company**_____ from any and all liability under said bond on account of any and all acts of all Employees covered thereunder committed on and after the _____ day of _____, _____.

Signed at _____, _____ this _____ day of _____, _____.

_____

By _____

Title _____