

Date:

To Stonetrust Commercial Insurance Company:

The insured _____(fill in the blank) does not intend to utilize work release prisoners now or in the future. If the insured _____(fill in the blank) changes their mind and decides to utilize work release prisoners, they will contact their agent and Stonetrust Commercial Insurance Company regarding this matter.

Sincerely,

(Insured's Signature)
(Contact Information)

Printed Name