



Insurance Claim Affidavit

Loan Number: _____ Total Insurance Claim Amount: _____

Property Address: _____

Please check the appropriate box in items 1-3. The claim will not be processed until all required information is obtained.

We who sign below, each swear under oath that:

1. The following repairs WILL BE OR HAVE BEEN (select one) made to our building(s)/chattel due to damage from fire, windstorm, or other casualties: (Describe or attach copy of proof of loss):

2. The above repairs WILL BE OR HAVE BEEN (select one) completed to our satisfaction so that our building(s)/chattel WILL BE OR HAVE BEEN (select one) restored to the condition prior to the damage. All contractors will be fully and promptly paid. We will not allow mechanics liens to be established against our property/chattel due to failure to pay for work properly done to our premises/chattel. If an inspection is required to verify the repairs are completed, I understand the inspection fee may be disbursed from the insurance proceeds.

3. The person(s) who WILL DO OR HAS DONE (select one) the work is (contractor's name):

4. We are submitting this affidavit for the purpose of IncredibleBank, the owner of the mortgage/chattel, to release the insurance proceeds available for the damage. Each of us understands that if we have knowingly made any false statements in this affidavit for this purpose, we may be fined up to \$1,000,000.00 or imprisoned for up to 30 years or both, under Title 18 U.S.C. Sec. 1014 of the Laws of the United States.

Signature/Date _____

Signature/Date _____

Name (please print) _____

Name (please print) _____

Daytime Phone Number _____

Daytime Phone Number _____

SIGNED IN THE PRESENCE OF: (Two Witnesses OR Notary)

<p>Witness _____</p> <p>Witness _____</p>	<p>Subscribed and sworn to me this _____ day of _____</p> <p>Notary Public:*</p> <p>_____</p> <p>County/State _____</p> <p>My commission (expires) (is): _____</p> <p>*Document requires Notary Seal</p>
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For Internal Use Only	
<p>Form Completed By: _____</p> <p>Colleague Name: _____ Phone: _____</p>	<p>Deliver original to:</p> <p>IncredibleBank</p> <p>Loan Servicing -Insurance Claims</p> <p>327 N 17th Ave</p> <p>Wausau, WI 54401</p>