

CONTRACTOR'S WAIVER of LIEN

This form will be completed by your contractor and confirms that the contractor will waive any claims of lien once full payment for labor and materials is received. If you're working with multiple contractors, have each complete a separate copy of this form. To avoid delays, please make sure all fields on this form are completed before you submit the form.

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Loan number: _____

Borrower name: _____

Co-borrower name: _____

Property address (Street, city, state and ZIP code):

Contractor declaration:

Conditional upon payment of \$ _____, all claims(s) of lien for labor and/or materials will be waived (must match dollar amount on contractor's contract).

I, the undersigned contractor, hereby declare that I am duly licensed, bonded and insured, under applicable laws and regulations, all liens will be waived upon payment as noted, I am qualified and experienced to perform the type of work contracted, financially able to complete the repair or reconstruction within scheduled time frames, will comply with applicable codes and regulations governing residential repair or reconstruction (including, but not limited to, building codes and zoning, permit and inspection regulations), and I will be repairing damage at the property listed above as reported in the insurance adjuster's report unless specifically noted.

Contractor/Company officer signature: _____ Title: _____

Contractor/Company name (please print): _____

Contractor/Company phone number: _____ Date: _____

******Do not fill out the Bond information if you are submitting a copy of your license******

Name of Surety Company Issuing Bond: _____

Surety Bond Number: _____ Amount of Surety Bond:\$ _____

Borrower to complete: (By signing below, you indicate that you agree with the above information.)

Borrower signature: _____ Date: _____

Co-borrower signature: _____ Date: _____

Once you and your contractor(s) have completed this form please return it to us by mail or fax to:

Regular Mail

Caliber Home Loans
Loss Draft Department
P.O. Box 6501
Springfield, OH 45501

Overnight Mail

Caliber Home Loans
Loss Draft Department 1
Assurant Way
Springfield, OH 45505

Fax

Insurance Claims Processing
Attn: Loss Draft Department
Fax# 937-525-3389