



(800) 223-6527

RE: Property Owner:

Address:

Loan Number:

CERTIFICATE OF INTENT TO REPAIR
To be Completed by Homeowner(s)

I/We hereby certify that the _____ insurance
(Name of Insurance Co. Issuing Check)
claim check number _____ in the amount of \$ _____ will be used
to repair the _____ damage(s) to the
referenced property that occurred on _____, 20____;
that the repairs will be made in compliance with all local building codes
and that no material or labor liens will be permitted against the
property as a result of the labor performed or materials used.

Borrower's Signature *Required

Date

Co-Borrower's Signature *If Applicable

Date

Documents can be mailed to: Attn: Insurance Claims Department
PO Box 202033
Florence, SC 29502-2033

Or Faxed to: (843) 413-7122

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