

MORTGAGE REPAIR STATEMENT
Home Equity Loans

This form is to be used for loss drafts **greater than \$15,000.00** when obtaining an initial disbursement

Maker's Name: _____ Social Security #: _____

Co-Maker's Name: _____ Social Security #: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Work Phone: (_____) _____ ext: _____

Loan Account #: _____

Regions Checking or Savings Account #: _____
(for disbursements to be deposited)

Property Address: _____
Street City State Zip

Mailing Address: _____
Street City State Zip

The above named maker and co-maker are the owners of the above property. Who will make or will contract to have repairs made upon said property due to damages which occurred on _____ (date) caused by:

() Fire () Wind () Water () Lighting () Other – Explain below:

I acknowledge receipt of a check from _____
Insurance Company

draft number _____ in the amount of \$ _____ which will be endorsed by Regions Bank. Regions will release _____ % or \$ _____ to me. Upon receipt of these funds, I agree to begin the repairs on all damage to my property. I agree to pay all bills for labor and material and assure that no outstanding claims or liens will attach to the property. I certify that the property will be restored to a condition equal to or better than it was prior to the loss.

Date Owner's Signature

Instructions for Branch: Complete form and have customer sign the form. Attach this form to a copy of the Insurance Adjustor's Report. Send this paperwork along with the **endorsed** check to Birmingham, Centralized Insurance Department, BH40402B. Call 1-866-893-2247 with questions.

Funds that remain after 180 days will be applied to the loan

Regions Centralized Insurance
ATTN BH40402B
PO Box 10063
Birmingham, AL 35202

Regions Centralized Insurance
ATTN BH40402B
2050 Parkway Office Circle
Birmingham, AL 35244