



Insurance Claim Affidavit

Loan Number: _____ Total Insurance Claim Amount: _____

Property Address: _____

Please select the appropriate status of the repairs. The claim may not be processed until all required information is obtained:

- Repairs **WILL BE** completed
- Repairs **HAVE BEEN** completed

1. The repairs associated with our property loss **will be/have been** completed to our satisfaction so that our property **will be/has been** restored to the condition equal 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.
2. The person(s) who **will do/has done** the work is: _____
3. We are submitting this affidavit for the purpose of Associated Bank/Associated Mortgage, 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)

_____ Witness _____ Witness	Subscribed and sworn to me this _____ day of _____ Notary Public:* _____ County/State _____ My commission (expires) (is): _____ *Document requires Notary Seal
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For Internal Use Only	
Form Completed By: Colleague Name: _____ Phone: _____	Deliver original to: Associated Bank Loan Processing-Insurance Claims MS 7707 1305 Main Street Stevens Point, WI 54481