

**Lending Center**

**Servicing Department**

**553 Chamber Drive, Milford, OH 45150**

**513-201-2232**

**INSURANCE CLAIM REPAIR AFFIDAVIT**

**Customer Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Property Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City, State, Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Loan Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I/we attest that I/we intend to restore the property listed above to good or marketable condition that is like what it was before damage occurred, and shall indemnify and hold harmless RiverHills Bank or any of its officers and employees from and against any actual or threatened action, suit or proceeding and against all claims, expenses, losses, or damages (including reasonable attorney’s fees) arising out of or because of an actual and/or alleged breach of the repair contract with any contractors.**

**I/We the undersigned acknowledge that upon execution of this Affidavit, insurance loss proceeds will be released per guidelines. I/we understand that Riverhills Bank may require an inspection to confirm the status of the repairs. In addition, I/we will be responsible for paying any liens that may arise from repairing the property.**

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**Customer Signature Date**

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**Customer Signature Date**

**Note: Only one customer signature is required; if possible, please provide all customer signatures. Upon completion of this document, it will be returned to and filed at: RiverHills Bank.**