



Real Estate Lending  
by KNOXVILLE TVA EMPLOYEES  
CREDIT UNION™

## **INSURANCE CLAIMS CHECKLIST**

Dear Member,

We understand you may have many questions about the insurance claim process. This Insurance Claims Packet provides forms and information to assist you during the process. The following checklist will assist you:

- \_\_\_\_\_ **Open a claim with your insurance agent, who will send an adjuster to your home.**
- \_\_\_\_\_ **Obtain estimates for repairs.**
  - + The State of Tennessee requires the contractor to be licensed to bid on projects for \$25,000 and up (including materials and labor). The contractor should provide you with the following:
    - An estimated cost of repairs signed by contractor.
    - Written Contract/Agreement between you and the contractor.
    - Proof of licensing, bonding, and insurance before the project starts.
- \_\_\_\_\_ **Request Insurance Agent to provide the insurance adjustor's report and check.**
- \_\_\_\_\_ **All named payees must endorse check.**
- \_\_\_\_\_ **Sign the enclosed Member's Declaration of Intent to Repair form (included in this packet).**
- \_\_\_\_\_ **If contractor is used, have contractor sign the enclosed Contractor's Lien Waiver form.**
- \_\_\_\_\_ **Take the following items to your nearest Credit Union branch:**
  - Endorsed check.
  - Driver's license or other government-issued photo I.D.
  - Member's Declaration of Intent to Repair form (signed).
  - Contractor's Lien Waiver (signed by contractor and yourself) (if applicable)
  - Insurance adjustors report (all pages).

The check will be deposited into a special interest-earning insurance claim account. The funds will be released in increments based on loan status, claim amount, type of damage, and at the Credit Union's discretion.

**If you have any questions, please contact the Servicing Department:**

<b>PHONE</b>	(865) 544-5409
<b>TOLL-FREE</b>	(800) 467-5427 ext. 5409
<b>FAX</b>	(865) 544-5698
<b>EMAIL</b>	<a href="mailto:mortgageservicing@tvacreditunion.com">mortgageservicing@tvacreditunion.com</a>
<b>HOURS</b>	<b>Monday - Friday</b> 8:00 AM - 4:30 PM

# MEMBER'S DECLARATION OF INTENT TO REPAIR

## Instructions for completing this affidavit:

1. Complete this form in detail.
2. All borrowers and payee names must sign this form.
3. Present this form with the insurance claim check to Knoxville TVA Employees Credit Union.

KTVAECU Loan Number: \_\_\_\_\_

Member Name(s): \_\_\_\_\_

Preferred phone number(s): \_\_\_\_\_

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

Property Address: \_\_\_\_\_  
Street City, State Zip Code

Date of Damage/Loss: \_\_\_\_\_

Cause of Damage/Loss: \_\_\_\_\_

Description: \_\_\_\_\_

Check Amount: \$ \_\_\_\_\_

Name & phone number of insurance company: \_\_\_\_\_

Insurance company claim number: \_\_\_\_\_

I/We certify and agree the insurance claim funds are to be used solely to repair/restore the above-referenced property to an excellent and marketable condition; repairs will be made according to the estimate of loss provided by the insurance company; repairs will be made in a timely manner; and, there will be no intervening material liens, labor or mechanics liens as a result of the labor performed or the materials used.

I/We release and indemnify Knoxville TVA Employees Credit Union from any liability associated with the workmanship of the contractor, breach of contract with the contractor, and/or damages caused by the contractor. I/We understand claim amounts greater than \$10,000 may be subject to concentrated monitoring and controlled disbursement of funds. I/We understand we are responsible for the cost of any required inspections of the property.

\_\_\_\_\_  
Borrower's Signature

\_\_\_\_\_  
Borrower's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

# CONTRACTOR'S LIEN WAIVER

## Instructions

1. This form is to be completed by the contractor and property owner(s).
2. If multiple contractors are involved, each contractor is required to complete a copy of this form.
3. This form confirms that the contractor will waive any claims of lien once full payment for labor and materials is received.
4. To avoid delays, please make sure all fields are completed.
5. Submit the form to the **Real Estate Lending Servicing Dept.** by one of the following methods:

**FAX** (865) 544-5698

**EMAIL** [mortgageservicing@tvacreditunion.com](mailto:mortgageservicing@tvacreditunion.com)

**MAIL** KTVAECU - REL Servicing, P.O. Box 36027, Knoxville, TN 37930

**OVERNIGHT** KTVAECU - REL Servicing, 1409 Centerpoint Blvd. Knoxville, TN 37932-1962

If you have any questions, please call **(865) 544-5409** or Toll-Free: **(800) 467-5427 ext. 5409**.

Member (borrower) name(s): \_\_\_\_\_

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

Street

City, State

Zip Code

## Contractor declaration

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

I, the undersigned contractor, hereby declare that I am duly licensed under applicable laws and regulations; that all liens will be waived upon payment as noted; I 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); I will be repairing damage at the property listed above as reported in the insurance adjuster's report, unless specifically noted; I am qualified by experience to perform the type of work contracted; and, I am financially able to complete the repair or reconstruction within scheduled time frames.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Print Signature: \_\_\_\_\_

Contractor/Company phone number: \_\_\_\_\_ Date: \_\_\_\_\_

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

\_\_\_\_\_  
Signature of borrower Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of borrower Date: \_\_\_\_\_

Each contractor is required to complete, sign and date a W-9 Form. Further instructions for this form can be found at [irs.gov/FormW9](https://irs.gov/FormW9).

# **CONTRACTOR'S W-9 FORM**

Form **W-9**  
 (Rev. October 2018)  
 Department of the Treasury  
 Internal Revenue Service

## Request for Taxpayer Identification Number and Certification

**Give Form to the requester. Do not send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.

<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
<b>2</b> Business name/disregarded entity name, if different from above	
<b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) ▶	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <small>(Applies to accounts maintained outside the U.S.)</small>
<b>5</b> Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
<b>6</b> City, state, and ZIP code	
<b>7</b> List account number(s) here (optional)	

<b>Part I Taxpayer Identification Number (TIN)</b>																																																																							
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> , later.																																																																							
<b>Note:</b> If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="10" style="text-align: center;"><b>Social security number</b></td> </tr> <tr> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> </tr> <tr> <td colspan="4" style="text-align: center;">-</td> <td colspan="2" style="text-align: center;">-</td> <td colspan="4"></td> </tr> <tr> <td colspan="10" style="text-align: center;"><b>or</b></td> </tr> <tr> <td colspan="10" style="text-align: center;"><b>Employer identification number</b></td> </tr> <tr> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> </tr> <tr> <td colspan="4" style="text-align: center;">-</td> <td colspan="6"></td> </tr> </table>	<b>Social security number</b>																				-				-						<b>or</b>										<b>Employer identification number</b>																				-									
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<b>Part II Certification</b>	
Under penalties of perjury, I certify that:	
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and	
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and	
3. I am a U.S. citizen or other U.S. person (defined below); and	
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.	
<b>Certification instructions.</b> You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.	

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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# LETTER OF SATISFACTION

To be signed and dated by the property owner(s) after repairs have been completed. Funds are disbursed upon approval of any required inspections. Submit the form to the Real Estate Lending Servicing Dept. by one of the following methods:

- FAX** (865) 544-5698
- EMAIL** [mortgageservicing@tvacreditunion.com](mailto:mortgageservicing@tvacreditunion.com)
- MAIL** KTVAECU - REL Servicing, P.O. Box 36027, Knoxville, TN 37930
- OVERNIGHT** KTVAECU - REL Servicing, 1409 Centerpoint Blvd. Knoxville, TN 37932-1962

**To:** KTVAECU - Real Estate Lending Servicing

**Re:** Property Insurance Claim

**Claim #:** \_\_\_\_\_

**Loan #:** \_\_\_\_\_

### Owner's Affirmation to Satisfaction of Repairs

I/we hereby affirm the restoration, repairs, and/or improvements have been satisfactorily completed, and the property is in as good or better condition than existed prior to the loss.

\_\_\_\_\_  
Owner Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Owner Signature

Date: \_\_\_\_\_



Real Estate Lending  
by KNOXVILLE TVA EMPLOYEES  
CREDIT UNION™

## FOR CREDIT UNION USE

### 1. Homeowner's Insurance Claim Forms

- \_\_\_\_\_ Make a copy of primary Member's driver's license or other government-issued photo I.D.
- \_\_\_\_\_ Have Member complete **Member's Declaration of Intent to Repair** form (included in packet).
- \_\_\_\_\_ Provide Member with the **Insurance Claims Checklist** (attached).
- \_\_\_\_\_ If provided, make a copy of Insurance check (front & back) (see 3 & 4 for instructions).
- \_\_\_\_\_ Make a copy of Insurance adjustor's report and contractor's estimate (if available).

### 2. Send Completed Claim Forms to REL

- \_\_\_\_\_ **Email** [mortgageservicing@tvacreditunion.com](mailto:mortgageservicing@tvacreditunion.com) **FAX** (865) 544-5698
- \_\_\_\_\_ Notify REL by calling **X5409**.
- \_\_\_\_\_ Notify Member that REL will contact Member within 1 business day to discuss the claims process.

### 3. Endorsement of Claim Check

- \_\_\_\_\_ Verify that all payees have endorsed the check & name matches the Member's account.
- \_\_\_\_\_ If the person's name does not match the name on the check and/or name on CU account, ask the Member to provide a copy of legal documentation showing the person's full name (first, middle, last). If check is missing an endorsement, return check to Member.
- \_\_\_\_\_ Endorse the check as "KTVAECU by \_\_\_\_\_."

### 4. Deposit check

- \_\_\_\_\_ Open a Member Special -22 for sole use of insurance check proceeds.
- \_\_\_\_\_ Deposit check and place extended hold on check amount (SPCH).
- \_\_\_\_\_ Enter share description as "Insurance Claim Funds."
- \_\_\_\_\_ Notify Member that REL will contact Member within 1 business day to discuss releasing funds.

*Thank you!*

Real Estate Lending Servicing  
(865) 544-5409