



MEMBER NAME: _____

LOAN #: _____

PROPERTY ADDRESS: _____

CITY, STATE, ZIP: _____

INSURANCE CLAIM AMOUNT: \$ _____

Contractor Affidavit

I acknowledge that the insurance claim funds listed above will be released once Navy Federal has received this signed affidavit. I certify that these funds will be used for the repair of the above-referenced property according to the estimate of loss provided by the insurance company, and a materialman's and/or mechanic's lien will not be placed on the above-referenced property in connection with the completed repairs.

Upon receipt of this affidavit, please sign and return it to expedite the release of the claim funds.

Authorized Representative Name

Authorized Representative Signature

Date

Contractor Company of Authorized Representative



Federally insured by NCUA.
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