



CONTRACTOR'S LIEN WAIVER



This form will be completed by your contractor and confirms that the contractor will waive any claims of lien once full payment for labor and materials is received. If you're working with multiple contractors, have each complete a separate copy of this form.

To avoid delays, please make sure all fields on this form are completed before you submit it.

Loan number: _____

Borrower name: _____

Co-borrower name: _____

Property address

(Street, city, state and ZIP code): _____

Contractor declaration:

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

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

Contractor/Company officer signature: _____ Title: _____

Contractor/Company name (please print): _____

Contractor/Company phone number: _____ Date: _____

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

Borrower signature: _____ Date: _____

Co-borrower signature: _____ Date: _____

Once you and your contractor have completed this form, you can scan and upload it to InsuranceClaimCheck.com/Chase, a secure, Chase-approved site. You can also return it to us by mail or fax to:

Regular mail: Chase
P.O. Box 47607
Atlanta, GA 30362

Overnight mail: Chase
2405 Commerce Ave.
Building 2000, Suite 100
Duluth, GA 30096

Fax: 1-678-475-8899



REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION (SUBSTITUTE FORM W-9)

Because the IRS may require us to report payment of insurance funds to contractors, **each contractor receiving payment for work on your home must complete, sign and date a separate Substitute Form W-9.** To avoid delays, please make sure the information provided is clearly printed. Further instructions for this form can be found at irs.gov.

Borrower name: _____

Co-borrower name: _____

Property address

(Street, city, state and ZIP code): _____

Contractor: Please complete the remainder of this form.

Name (as shown on your tax return): _____

Business name or disregarded entity name if different from above: _____

Social Security number ____ - ____ - ____ or Employer identification number _____

Phone number: (____) _____ Business address: _____

City: _____ State: _____ ZIP code: _____

Exemptions (see instructions at irs.gov):

Exempt payee code (if any): _____ **Exemption from Foreign Account Tax Compliance Act (FATCA)**
reporting code (if any): _____

Part I – Taxpayer Identification Number (TIN)

Check **only one** choice.

☐ U.S. citizen or resident alien – individual/sole proprietor/owner of single member limited liability company (LLC)

☐ U.S. partnership, LLC or trust

For LLC, please indicate your tax classification (C= Corporation, S=S Corporation, P=Partnership): _____

☐ U.S. corporation

Part II – Certification

You must cross out item 2 below 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.

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 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 in instructions), and

4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Contractor signature: _____ Date: _____

Once you and your contractor have completed this form, you can scan and upload it to InsuranceClaimCheck.com/Chase, a secure, Chase-approved site. You can also return it to us by mail or fax to:

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