GMFS

CHANGING LIVES.

CONDITIONAL WAIVER OF LIEN
(Contractor's Statement and Agreement)
(To be Completed by Contractor(s))

RE: GMFS Mortgage Loan Number: _____
    Mortgaged Property: _____
    Owner(s): _____
    Servicer: <u>GMFS</u>
    Date of Loss: _____

The undersigned on behalf of the named contractor ("Contractor") has entered into a contract ("Contract") to complete the repairs as described in the Contract to the above identified Mortgaged Property" owned by the above Mortgagor(s) ("Work").

Contractor agrees, represents and warrants to the above Servicer and Owner(s) that:

1. A true copy of the fully executed Contract is attached and provides that the Work will be performed by Contractor for $_____;
   (Attach copy of signed contract.)

2. Contractor has received a deposit in the amount of $_____ toward payment of the Contract;

3. Permits (check one) are _____ are not _____ required to perform and complete the Work.

   If permits are required, attach/include all required permits.

4. All Work **will be** completed in a workman-like manner and within industry standards by competent and experienced personnel;

5. When completed, the Work will restore the Mortgaged Property to at least its condition prior to any damage or loss;

6. Contractor will comply with all applicable laws, regulations and ordinances, including but not limited to obtaining all required permits, inspections and approvals;

7. Upon completion, and prior to final payment for the Work:

   ()) Contractor will have fully paid for all materials, labor, tools, equipment, construction facilities and everything of every sort

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furnished by it, or by its subcontractors or material men, upon the Mortgaged Property and furnished for the Work, and

(ii) Contractor must provide the enclosed properly executed Waiver of Mechanic's Lien in recordable form, to the Owner and Servicer.

8. Contractor's business or license number is _____, and a true copy is attached.

CONTRACTOR Business: _____

_____
Print Contractor Name & Title

_____
Authorized Contractor Signature

_____

_____
Contractor Address (Street, City, State, Zip)

Submit to Claim Servicer's Address:

ATTN: Insurance Claims
PO Box 6501
Springfield, OH 45501
Or Fax to: (843) 413-7122

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