



## CONTRACTOR'S CONDITIONAL LIEN WAIVER

This form is required from each contractor involved in restoration of the property (regardless of the amount or type of restoration). Each contractor must complete a separate Conditional Lien Waiver form for their respective company. This form is required before PenFed will disburse claim funds and should be completed by your contractor(s) before work begins and before the contractors have been paid. If the work has been completed and/or paid for in advance, before PenFed received the claim checks to endorse, this form must still be completed by each contractor involved in restoration before the claim checks are endorsed and disbursed.

**Name(s) of Members (Homeowners):** \_\_\_\_\_

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

**Date of Loss:** \_\_\_\_\_ **Type of Loss:** \_\_\_\_\_

**Type of Repairs Being Completed** (list all that apply): \_\_\_\_\_

**Contractor's Declaration:** Conditional upon payment of \$\_\_\_\_\_, all claim(s) of lien for labor, equipment and materials used in property restoration will be waived (the amount above must match the dollar amount on contractor's contract agreement). The corresponding contract agreement must be supplied to PenFed as well.

I, the undersigned contractor, hereby declare that I am duly licensed under applicable state and federal laws and regulations, and have current liability insurance coverage (both current license and current insurance need to be supplied to PenFed). I am qualified and experienced to perform the type of work contracted, financially able to complete the repair or reconstruction within scheduled time frames. 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), and I will be repairing the damage at the property address listed above as reported in the insurance adjuster's report. All liens will be waived upon payment, as noted above.

**Contractor/Company Officer Printed Name and Signature:** \_\_\_\_\_

**Title of the Signor:** \_\_\_\_\_ **Company Name** (please print): \_\_\_\_\_

**Contractor/Company Phone Number(s):** \_\_\_\_\_

**Contractor/Company Email Address:** \_\_\_\_\_

**Contractor Licence Number:** \_\_\_\_\_

**Attention Notary:** Please ensure that all sections of the acknowledgment are completed and that the notary stamp and expiration date are legible and are not altered.

**Notary Signature:** \_\_\_\_\_ **My Commission Expires On:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**Notary Stamp Below** (ensure legible): \_\_\_\_\_

The parties agree that the electronic signatures appearing on this form are the same as handwritten signatures for the purposes of validity, enforceability and admissibility.

A copy of this form serves as the original.