

# FIRST STATE BANK AND TRUST

Achieve More. Together.™

Thank you for contacting the First State Bank and Trust Mortgage Department regarding your mortgage homeowner's insurance claim. We administer claim funds based on the amount of damage to your property and in accordance with your loan status. Please note that the following information is based on the **total damage** to the property as determined by your insurance company.

**If the total damage to your property is less than \$20,000 and your loan is current, please follow the instructions below:**

Please send/drop off your unendorsed (do not sign the back of your check) homeowners insurance claim check to the address below along with the other 3 items list below. The check will be endorsed by the Bank and will be returned to you in 3-5 days.

1. Insurance Claim Check (unendorsed)
2. Insurance Claim Form completed
3. Insurance Adjustor's Report
4. Mortgagor's Affidavit notarized and signed

**If the damage to the property is greater than \$20,000 and your loan is current, please follow the instructions below:**

Please have all parties listed on the check endorse the homeowner's insurance claim check and send/drop off at the address listed below along with the other 4 items listed below. Upon receipt of the check, we may release a portion of the claim check based upon the contractors draw schedule. The remaining funds will be held in an escrow account and released in accordance with the contractor's draw schedule.

1. Insurance Claim Check (endorsed)
2. Insurance Claim Form completed
3. Insurance Adjustor's Report
4. Mortgagor's Affidavit signed and notarized
5. Contractor's invoice(s) and draw schedule

If your loan is in a default status, additional review may be necessary.

***Please use the following information to contact the Bank to mail/drop off the appropriate documentation.***

Phone Number: 651.439.5195

Address: First State Bank and Trust Attn.: Mortgage Department  
950 Highway 95 N  
Bayport, MN 55003

651.439.5195 715.808.8183 800.848.4897 |  EQUAL HOUSING MEMBER LENDER | FDIC | [fsbt.com](https://www.fsb.com)

**BAYPORT** 950 HWY. 95 N, BAYPORT, MN 55003 | **OAK PARK HEIGHTS** 5891 NEAL AVE N, OAK PARK HEIGHTS, MN 55082  
**STILLWATER** 125 NEW ENGLAND PLACE, STILLWATER, MN 55082 | **HUDSON** 680 ANNABELLE WAY, HUDSON, WI 54016



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First State Bank and Trust - Mortgage Department
Homeowners Insurance Claim Form

General Information

Borrower(s) Name: \_\_\_\_\_ Loan Number: \_\_\_\_\_
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Damage Information

Date of Loss: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Type of Loss: \_\_\_\_\_

Please write a description of the damage suffered to the property:

Five horizontal lines for describing the damage.

Contractor and Insurance Information

Contractor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_
Address: \_\_\_\_\_
Insurance Company/Address: \_\_\_\_\_
Adjustor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Homeowner's Signature(s):

Two horizontal lines for signatures, each followed by a Date: \_\_\_\_\_

Please complete this form and return it with the required documents to:

First State Bank and Trust – Attn.: Mortgage Department
950 Highway 95 N, Bayport, MN 55003
OR
680 Annabelle Way, Hudson WI 54016

**MORTGAGOR'S AFFIDAVIT**

Mortgage Loan Number: \_\_\_\_\_

I/we, \_\_\_\_\_, hereby certify that damage suffered to the property located at:

\_\_\_\_\_  
\_\_\_\_\_

will be or has been fully repaired in a professional manner. I further certify that all bills for materials and/or labor concerning these repairs will be or has been paid in full. I will obtain an affidavit by the contractor after completion of work, ensuring that a valid mechanic's lien will not be placed on the property.

A claim for said loss was filed with my homeowners insurance carrier under the coverage described within my policy. To date, the insurance company has paid funds as described in the adjustor's report included with this form or previously submitted to the Bank.

I affirm and certify the information above on this \_\_\_\_\_ date of \_\_\_\_\_, year \_\_\_\_\_.

\_\_\_\_\_  
(Mortgagor's Signature)

\_\_\_\_\_  
(Mortgagor's Signature)

STATE OF: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

Subscribed and sworn to by \_\_\_\_\_ (mortgagor(s)) before me on this \_\_\_\_\_ date of \_\_\_\_\_, year \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public or authorized official/officer

\_\_\_\_\_  
Printed Name of Notary Public or authorized official/officer

Notary Public, State of \_\_\_\_\_, County of \_\_\_\_\_

My commission is permanent or expires \_\_\_\_\_

SEAL

**CONTRACTOR'S AFFIDAVIT**

The undersigned hereby certified the following:

1. I have performed repairs or delivered construction/repair materials to the property located at:  
\_\_\_\_\_  
\_\_\_\_\_
2. I am the contractor who performed the necessary repairs and that the repairs have been professionally completed and property returned to good condition.
3. That all bills for labor and/or material have been or will be paid.
4. Neither my company or I will file or attach a mechanic's lien to the property because of the construction/repair.

Company Name: \_\_\_\_\_

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

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

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STATE OF: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

Subscribed and sworn to by \_\_\_\_\_ (mortgagor(s)) before me on this \_\_\_\_\_ date of \_\_\_\_\_, year \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public or authorized official/officer

\_\_\_\_\_  
Printed Name of Notary Public or authorized official/officer

Notary Public, State of \_\_\_\_\_, County of \_\_\_\_\_

My commission is permanent or expires \_\_\_\_\_

SEAL

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Referenced Mortgage Loan Number: \_\_\_\_\_ Borrower(s) Name: \_\_\_\_\_