INSURANCE CLAIM PACKAGE

This package will explain the insurance claim process and assist you in completing the necessary documents. As a lienholder on the property, the Mayor’s Office of Housing and Community Development (MOHCD) of the City and County of San Francisco, is named on the insurance proceeds check. The interest MOHCD holds in the property entitles it to monitor the repairs and ensure the use of insurance claim proceeds towards the repairs accordingly.

PROCEDURES FOR INSURANCE CLAIMS LESS THAN $10,000

MOHCD will endorse the claim check, provided the property is in compliance under the program rules. The following information must be included with your check for MOHCD to process the endorsement:

☐ Insurance adjustor’s report  
☐ Declaration of Intent to Repair  
☐ Claim check from insurance company

PROCEDURES FOR INSURANCE CLAIMS OVER $10,000

MOHCD monitors claims exceeding $10,000 to verify the completion of repairs. An inspection may be conducted by MOHCD in its sole discretion. The inspection is intended to verify completion of the work only. MOHCD does not guarantee the quality of repair work performed, compliance with building codes, or representation of the costs associated with the repair work. You may obtain your own additional inspections to confirm compliance and adequacy of the repairs. MOHCD will endorse the claim check, provided the property is in compliance under the program rules. The following information must be submitted to MOHCD, prior to repair, to process the endorsement:

☐ Insurance adjustor’s report  
☐ Signed estimate(s) from contractor(s)  
☐ Copy of contractor’s license  
☐ Copy of contractor’s liability insurance  
☐ Declaration of Intent to Repair (enclosed)  
☐ Claim check from insurance company

The following information must be submitted to MOHCD **within 30-day of completion of the repairs:**

☐ Contractor’s invoice(s)  
☐ Photos of “after repairs” or any proof of completion of repairs

For any submission, MOHCD reserves the right to request additional documentation as deemed appropriate. Please allow 7-10 business days for processing a complete request.
Explanation of Claim Documents

Insurance adjustor’s report
This report is provided by your homeowners insurance company. It lists the damages to your property and outlines the total amount designated for each portion of your claim.

This is required for all claims regardless of the amount.

Declaration of Intent to Repair
By completing this form, you verify your intent to repair the damage to your home.

This form is included in this package, and it’s required for all claims regardless of the amount.

A copy of contractor’s license
Your contractor(s) should be licensed and registered within the state and provide you with a copy of their home repair/improvement contractor license.

This is required if your claim is for more than $10,000.

Signed estimate(s) from contractor(s)
Provide any and all written and signed proposals that your contractor(s) provides explaining the repairs to be completed and their total cost.

This is required if your claim is for more than $10,000.

HOW TO CONTACT US OR SUBMIT FORMS

Phone: 415-701-5500  Fax: 415-701-5501  Regular mail:
Mayor’s Office of Housing & Community Development
1 South Van Ness 5th Floor
San Francisco, CA 94103
Attn: Loan Servicing
**Declaration of Intent to Repair**

**This form is required** – by completing this form, you verify your intent to repair the damage to your home. To avoid delay, please make sure all fields on this form are completed before you submit it.

Name(s) of borrower(s): ________________________________________________________________

Email address: _____________________________________________________________________

Preferred phone number(s): _____________________________________________________________________

Property Address: _____________________________________________________________________

(street, city, state and zip code)

Amount of claim check: _____________________________________________________________________

Cause of damage/loss: _____________________________________________________________________

Certification:

☐ I/We hereby certify that the insurance claim funds in the amount listed above are to be used to repair/restore the property to as good a condition or better than prior to the damage, that all repairs will be made in a timely manner and that no material or labor liens will occur as a result of the labor performed or the materials used.

☐ I/We understand that a licensed contractor must be used to repair/restore the property.

______________________________                                                     _____________________________

Borrower Signature                                                                 Date

______________________________                                                     _____________________________

Borrower Signature                                                                 Date