



1305 Main Street
Stevens Point, WI 54481
800-242-2470

CONDITIONAL WAIVER OF LIEN

Owner Information

Owner(s): _____

Address: _____

Loan #: _____

Contractor Information

Business Name: _____

Address: _____

Contractor Phone #: _____

Contractor Email: _____

Date: _____, 20____.

For and in consideration of the sum of \$_____, and upon receipt thereof, the undersigned Contractor expressly waives any right it has now, or in the future will have, to a lien for the following described property:

Property Address: _____

Authorized Contractor Representative Name (Print): _____

Authorized Contractor Representative Signature: _____

Homeowner(s) Acknowledgement: _____

Please sign and return by fax to 920-327-6251 or email to InsuranceClaims@AssociatedBank.com.

Additionally, the signed original can be mailed to:

Associated Bank
Loan Processing - Hazard Ins. Claims
MS # 7707
1305 Main St.
Stevens Point, WI 54481

