

CHECK ENDORSEMENT INSTRUCTIONS LETTER

Enhanced Version with Comprehensive Detail

Document Category: Settlement & Payment

Document Number: 17 of 33

Priority Level: IMPORTANT - TIME SENSITIVE

POLICYHOLDER INFORMATION

[Your Full Legal Name]

[Your Complete Street Address]

[City, State ZIP Code]

[Primary Phone Number]

[Email Address]

[Date]

RECIPIENT INFORMATION

SENT VIA: Email with Read Receipt, Certified Mail, Phone Follow-up

[Insurance Carrier Full Legal Name]

Claims Payment Department

Attn: [Specific Adjuster Name], [Title]

[Complete Street Address]

[City, State ZIP Code]

CC: Payment Processing Department

CC: Mortgage Department (if applicable)

CLAIM AND CHECK IDENTIFICATION

Re: Insurance Check Endorsement Instructions and Processing Requirements

Policy Number: [Policy #]

Claim Number: [Claim #]

Date of Loss: [Date]

Check Amount: \$[Amount]

Check Number: [Number]
Check Date: [Date]
Date Received: [Date]
Bank Check is Drawn On: [Bank Name]

EXECUTIVE SUMMARY

Dear [Adjuster Name]:

This letter addresses the insurance settlement check dated [date] in the amount of **\$[amount]** and provides comprehensive instructions for proper endorsement and processing. Due to [describe specific issues], immediate attention is required to ensure timely payment to contractors and avoid work stoppage.

CHECK PAYEE INFORMATION ANALYSIS

Current Payees Listed on Check:

| Order | Payee Name as Shown | Correct/Incorrect | Issue | Documentation |
|-------|---------------------|-------------------|----------------|---------------|
| 1 | [Name as on check] | [✓/X] | [Issue if any] | [ID/Policy] |
| 2 | [Name as on check] | [✓/X] | [Issue if any] | [ID/Policy] |
| 3 | [Name as on check] | [✓/X] | [Issue if any] | [Loan docs] |
| 4 | [Name as on check] | [✓/X] | [Issue if any] | [Contract] |

Conjunction Used:

- ☐ "AND" (all parties must endorse)
 - ☐ "OR" (any party can endorse)
 - ☐ "AND/OR" (ambiguous - clarification needed)
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DETAILED ENDORSEMENT ISSUES REQUIRING CORRECTION

ISSUE 1: Incorrect Name Spelling/Format

Check Shows: [Incorrect spelling/format]
Correct Legal Name: [Correct spelling per ID]
Type of Error:

- ☐ Misspelling
- ☐ Missing middle name/initial
- ☐ Wrong suffix (Jr., Sr., III)
- ☐ Nickname vs. legal name
- ☐ Maiden vs. married name

Documentation Attached:

- ☒ Driver's License/State ID
- ☒ Social Security Card
- ☒ Insurance Policy showing correct name
- ☒ Mortgage documents (if applicable)
- ☒ Marriage certificate (if name change)

Bank Requirements:

- Bank will: ☐ Accept with affidavit ☐ Require reissuance
- Affidavit of identity prepared: ☐ Yes ☐ No

ISSUE 2: Missing or Extra Payee

Should Be Included But Missing:

- Name: [Full legal name]
- Relationship: [Spouse/Co-owner/Other]
- Reason required: [Joint ownership/Policy requirement]
- Documentation: [Deed/Policy/Marriage certificate]

Should Be Excluded But Listed:

- Name: [Name incorrectly included]
- Reason for exclusion: [Divorced/No interest/Error]
- Documentation: [Divorce decree/Quitclaim deed]

ISSUE 3: Incorrect Entity Name

Business/Trust/Estate Name Issues:

| As Shown on Check | Correct Legal Name | Tax ID | Documentation |
|-------------------|--------------------|-----------|------------------|
| [Incorrect] | [Correct] | [EIN/TIN] | [Articles/Trust] |

Entity Type:

- ☐ Corporation
- ☐ LLC
- ☐ Partnership
- ☐ Trust
- ☐ Estate
- ☐ DBA/Trade name

MORTGAGEE ENDORSEMENT PROCESS

Mortgagee Information:

Primary Mortgage:

- Institution: [Bank/Lender Name]
- Loan Number: [Number]
- Property Address: [Must match]
- Current Balance: \$[Amount]
- Monthly Payment: \$[Amount]

Mortgagee Contact:

- Department: [Loss Draft/Insurance Claims]
- Contact Person: [Name]
- Direct Phone: [Number]
- Fax: [Number]
- Email: [Email]
- Mailing Address: [Complete address]

Mortgagee Requirements Matrix:

| Requirement | Required | Completed | Documentation | Notes |
|-------------------------------|----------------------------------------------------------|--------------------------|---------------------|------------------|
| Inspection before endorsement | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> | Inspection report | [Date scheduled] |
| Contractor agreements | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> | Signed contracts | [Attached] |
| Scope of work | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> | Detailed estimate | [Pages] |
| Proof of insurance | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> | COI from contractor | [Attached] |
| Permits | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> | Building permits | [Numbers] |
| W-9 forms | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> | Tax forms | [Attached] |
| Lien waivers | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> | Conditional/Final | [Type] |
| Monitoring fee | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> | [\$Amount] paid | [Date] |

Phased Release Schedule:

| Phase | Amount | Work Description | Release Trigger | Expected Date |
|------------|------------------|----------------------|------------------|---------------|
| Initial | [\$Amount] (33%) | Emergency/Start work | Signed agreement | [Date] |
| Progress 1 | [\$Amount] (33%) | 50% completion | Inspection | [Date] |
| Final | [\$Amount] (34%) | Completion | Final inspection | [Date] |

REQUESTED MORTGAGEE COORDINATION

Please coordinate with mortgagee for:

1. Direct Endorsement Process

- Send check directly to mortgagee
- Include our claim documentation
- Reference our loan number
- Request expedited processing

2. Waiver of Inspection

- For amounts under \$[threshold]
- For emergency repairs
- Based on adjuster's inspection
- With contractor documentation

3. Expedited Processing

- Due to: [Emergency/Time sensitivity]
- Contractor deadline: [Date]

- Weather concerns: [Description]
- Temporary housing costs: \$[Daily amount]

4. **Single vs. Multiple Releases**

- Request single release if possible
 - Avoid multiple inspection fees
 - Reduce processing delays
-

CONTRACTOR PAYMENT ARRANGEMENTS

If Contractor is Named Payee:

Contractor Information:

- Company Name: [Legal name]
- DBA/Trade Name: [If different]
- License Number: [State license #]
- Tax ID: [EIN]
- Insurance: [Carrier and policy #]
- Bond: [Surety and bond #]

Agreement Terms:

- Joint check agreement signed: ☐ Yes ☐ No
- Work completion status: [%] complete
- Amount owed to date: \$[Amount]
- Next payment trigger: [Milestone]

Lien Waiver Requirements:

- Conditional waiver for: \$[Amount]
 - Final waiver upon: [Completion]
 - Subcontractor waivers: ☐ Required
 - Supplier waivers: ☐ Required
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TWO-PARTY CHECK REQUEST

For amounts over \$[threshold], requesting separate checks:

Check 1 - Direct to Contractor:

- Payee: [Contractor name only]
- Amount: \$[Amount]
- For: [Specific work/materials]
- Delivery: [Direct to contractor]

Check 2 - To Insured:

- Payee: [Insured names only]
- Amount: \$[Amount]
- For: [ALE/Contents/Deductible]
- Delivery: [To insured]

Benefits of Split Payment:

- ✓ Avoids complex endorsements
 - ✓ Speeds payment to contractor
 - ✓ Reduces mortgagee delays
 - ✓ Maintains control over funds
 - ✓ Simplifies accounting
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POWER OF ATTORNEY SITUATION

[If Applicable]

POA Documentation:

- POA Holder: [Name]
- Relationship: [Relationship]
- Type of POA: ☐ General ☐ Limited ☐ Durable
- Specific authority: ☐ Financial ☐ Insurance claims
- Effective date: [Date]
- Expiration: [Date or condition]

Documentation Attached:

- ☒ Executed POA document
- ☒ Recording information (if recorded)
- ☒ Attorney certification letter
- ☒ ID of POA holder

Bank Acceptance:

- Bank pre-approval obtained: ☐ Yes ☐ No
 - Additional requirements: [List]
-

SPECIAL CIRCUMSTANCES REQUIRING ATTENTION**ESTATE SITUATION****[If Applicable - Deceased Party]****Deceased Party:** [Name]**Date of Death:** [Date]**Estate Status:**

- ☐ Probate opened
- ☐ Small estate affidavit
- ☐ Trust administration

Estate Representative:

- Name: [Name]
- Title: ☐ Executor ☐ Administrator ☐ Trustee
- Court: [County] Probate Court
- Case Number: [Number]

Documentation Provided:

- ☒ Death certificate (certified)
- ☒ Letters testamentary/administration
- ☒ Court order authorizing settlement
- ☒ Tax ID for estate

DIVORCE/SEPARATION

[If Applicable]

Status:

- ☐ Divorced (final decree dated: [Date])
- ☐ Separation pending
- ☐ Property settlement agreement exists

Insurance Proceeds Disposition:

- Per decree: [Specify split/ownership]
- Court order attached: ☐ Yes ☐ No
- One party's authority: ☐ Full ☐ Limited
- Attorney escrow required: ☐ Yes ☐ No

Documentation:

- ☒ Divorce decree
- ☒ Property settlement
- ☒ Quitclaim deed (if applicable)
- ☒ Court order re: insurance

BUSINESS LOSS

[If Applicable]

Business Structure:

- Type: ☐ Corporation ☐ LLC ☐ Partnership
- State of formation: [State]
- Federal Tax ID: [EIN]

Authorized Signatory:

- Name: [Name]
- Title: [President/Member/Partner]
- Authority source: ☐ Bylaws ☐ Operating Agreement ☐ Resolution

Required Documentation:

- ☒ Corporate resolution
 - ☒ Certified operating agreement
 - ☒ Banking resolution
 - ☒ Certificate of good standing
 - ☒ Signatory identification
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ENDORSEMENT PROCESSING INSTRUCTIONS

Step-by-Step Process:

Step 1: Signature Requirements

- All parties listed with "AND" must sign
- Sign exactly as name appears
- Include "For Deposit Only"
- Add account number: [Number]
- Bank name: [Bank]

Step 2: Endorsement Location

- Back of check only
- Top portion (above line)
- Blue or black ink only
- No stamps or alterations

Step 3: Special Endorsements

- Restrictive: "For Deposit Only to Account #[Number]"
 - Corporate: "[Company Name] by [Name], [Title]"
 - POA: "[Principal Name] by [POA Name], Attorney-in-Fact"
 - Estate: "[Estate Name] by [Rep Name], Executor"
-

REMOTE ENDORSEMENT PROCESS

For Geographically Distant Parties:

Logistics Plan:

| Step | Party | Location | Method | Timeline | Tracking |
|------|--------------------|---------------|-----------------|----------|------------|
| 1 | Check to Party A | [City, State] | FedEx overnight | [Date] | [#] |
| 2 | Party A endorses | [Location] | In person | [Date] | Photo sent |
| 3 | Forward to Party B | [City, State] | FedEx overnight | [Date] | [#] |
| 4 | Party B endorses | [Location] | In person | [Date] | Photo sent |
| 5 | To Mortgagee | [City, State] | FedEx overnight | [Date] | [#] |
| 6 | Final deposit | [Bank] | In person | [Date] | Confirmed |

Security Measures:

- ✓ Signature verification at each step
- ✓ Photographic documentation
- ✓ Tracking throughout process
- ✓ Insurance on shipments
- ✓ Restricted delivery

ELECTRONIC PROCESSING OPTIONS

Preferred Method - Electronic Funds Transfer:

Benefits:

- ✓ Avoids all endorsement issues
- ✓ Immediate availability
- ✓ No risk of loss/theft
- ✓ Direct to account
- ✓ Confirmation provided

EFT Information:

- Bank Name: [Name]
- Routing Number: [9 digits]
- Account Number: [Number]
- Account Type: ☐ Checking ☐ Savings
- Account Name: [Name(s) on account]

Attached:

- ☒ Voided check
 - ☒ Bank letter confirming account
 - ☒ Wire transfer instructions
-

CHECK REISSUANCE REQUEST

If Reissuance Needed Due To:

Reason for Reissuance:

- ☐ Incorrect payee names
- ☐ Missing required payee
- ☐ Extra payee listed
- ☐ Check damaged/mutilated
- ☐ Check lost in mail
- ☐ Stale dated (over 90 days)

Reissuance Instructions:

- Void current check #[Number]
- Correct payees: [List exact names needed]
- Amount: \$[Same amount]
- Delivery method: ☐ Overnight ☐ Electronic
- Delivery address: [Complete address]

Timeline Required:

- Must receive by: [Date]
 - Reason for urgency: [Contractor deadline/etc.]
-

SPLIT PAYMENT REQUEST DETAILS

Requesting Multiple Checks:

| Check # | Payee(s) | Amount | Purpose | Delivery |
|---------|---------------------|------------|--------------------|---------------|
| 1 | [Insured only] | [\$Amount] | Emergency repairs | Direct |
| 2 | [Contractor only] | [\$Amount] | Contract payment | To contractor |
| 3 | [Mortgagee/Insured] | [\$Amount] | Structural repairs | To mortgagee |
| 4 | [Insured only] | [\$Amount] | ALE/Contents | Direct |

Total: \$[Must equal original amount]

Benefits:

- Simplifies endorsements
- Expedites payments
- Maintains control
- Satisfies all parties

TAX REPORTING CONSIDERATIONS

Form 1099 Requirements:

Primary Recipient Information:

- Name: [Full legal name/Entity]
- Tax ID: [SSN/EIN]
- Address: [Mailing address for 1099]
- Amount reportable: \$[Amount]

Allocation for Tax Purposes:

- Property damage: \$[Amount] (not taxable)
- Living expenses: \$[Amount] (may be taxable)
- Lost income: \$[Amount] (taxable)
- Interest: \$[Amount] (taxable)

Special Considerations:

- Multiple payees: [How to allocate]
- Business loss: [Reporting requirements]
- Estate/Trust: [Special EIN required]

TIME-SENSITIVE NATURE

Endorsement Needed by [Date] Because:

1. Contractor Deadlines

- Payment due: [Date]
- Will stop work if not paid
- Will lose crew to other jobs
- Material orders will be cancelled

2. Weather Considerations

- Storm predicted: [Date]
- Must complete [work] before weather
- Temporary repairs insufficient

3. Financial Penalties

- Late fees begin: [Date]
- Interest charges: \$[Daily amount]
- Contractor penalties: \$[Amount]
- Lost discounts: \$[Amount]

4. Mortgage Requirements

- Inspection scheduled: [Date]
 - Must show progress
 - Avoiding forced-placed insurance
 - Property tax escrow shortage
-

HOLD HARMLESS AGREEMENT

If Requested for Single Endorsement:

I/We agree to:

- Hold [Insurance Company] harmless
- Indemnify against other payee claims
- Properly distribute funds

- Provide proof of proper use
- Maintain documentation

Conditions:

- Only for emergency repairs
- Other payees notified
- No disputes exist
- Court order (if applicable)

Form attached: ☐ Yes ☐ Needs preparation

LOST CHECK PROCEDURES

If Check is Lost/Destroyed:

Required Actions:

1. Stop Payment

- Request submitted: ☐ Yes ☐ No
- Date requested: [Date]
- Confirmation #: [Number]

2. Affidavit of Loss

- Prepared: ☐ Yes ☐ No
- Notarized: ☐ Yes ☐ No
- All payees signed: ☐ Yes ☐ No

3. Indemnity Bond

- Required if over: \$[Amount]
- Bond company: [Name]
- Bond amount: \$[Amount]
- Premium: \$[Amount]

4. Reissuance Timeline

- Stop payment effective: [Date]
 - New check issued: [Date]
 - Expected receipt: [Date]
-

PARTIAL ENDORSEMENT NOTICE

For Partial Settlements:

This Check Represents:

- ☐ Partial payment only
- ☐ Specific categories only
- ☐ Undisputed amounts only

Future Payments Expected:

- Amount: \$[Estimated]
- Timeline: [Estimated]
- Categories: [List]

No Final Release:

- Not final settlement
 - Rights reserved
 - Claims remain open
 - Supplements expected
-

DOCUMENTATION ATTACHED

Complete Package Includes:

1. Identification Documents

- ☒ Driver's licenses (all parties)
- ☒ Social Security cards (if needed)
- ☒ Marriage certificate (if applicable)
- ☒ Business documentation

2. Mortgagee Information

- ☒ Mortgage statement
- ☒ Loan number verification
- ☒ Contact information
- ☒ Requirements checklist

3. **Contractor Agreements**

- ☒ Signed contracts
- ☒ License verification
- ☒ Insurance certificates
- ☒ W-9 forms

4. **Court Orders** (if applicable)

- ☒ Divorce decree
- ☒ Estate documents
- ☒ POA documents
- ☒ Trust documents

5. **Banking Information**

- ☒ Voided check
- ☒ Bank letter
- ☒ Wire instructions
- ☒ Account verification

DIRECT DEPOSIT AUTHORIZATION

For Future Payments:

Authorization for EFT:

- Authorized: ☐ Yes ☐ No
- Account verified: ☐ Yes ☐ No
- Test deposit completed: ☐ Yes ☐ No

Standing Instructions:

- All future payments
- This claim only
- Over \$[Amount] only

EXPEDITED PROCESSING REQUEST

Due to Urgent Repairs:

1. **Process immediately upon receipt**
 2. **Overnight endorsed check if required**
 3. **Wire funds if possible**
 4. **Email confirmation when processed**
 5. **Call upon completion: [Phone]**
-

CONTACT FOR QUESTIONS

Endorsement Questions:

Primary Contact:

- Name: [Your name]
- Phone: [Number]
- Email: [Email]
- Available: [Hours]

Mortgagee Contact:

- Institution: [Name]
- Contact: [Name]
- Phone: [Number]
- Email: [Email]

Contractor Contact:

- Company: [Name]
 - Contact: [Name]
 - Phone: [Number]
 - Email: [Email]
-

SPECIAL HANDLING INSTRUCTIONS

Correspondence Routing:

- Send checks to: [Physical address]
- Send documents to: [Mailing address]

- Email confirmations to: [Email]
- Call confirmations to: [Phone]

Confirmation Required:

- ☐ Email when processed
 - ☐ Call when mailed
 - ☐ Text when received
 - ☐ Tracking number provided
-

LEGAL EFFECT NOTICE**Endorsement and Deposit:****Does Not Constitute:**

- Acceptance of final settlement
- Release of all claims
- Waiver of rights
- Agreement to amount

Only Applies To:

- This specific payment
- Documented work only
- Partial settlement
- Undisputed amounts

Rights Reserved:

- Supplement claims
 - Dispute coverage
 - Bad faith claims
 - Additional damages
-

CONCLUSION

Please process this check endorsement matter with the urgency it requires. The funds are needed for

critical repairs, and any delay will result in additional damage and financial harm. If reissuance is necessary due to payee errors, please expedite the process.

I have provided comprehensive information to facilitate smooth processing. Please contact me immediately with any questions or if any issues arise that could delay endorsement and payment.

Time is of the essence in this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Date]

ATTACHMENTS CHECKLIST

- ☒ Copy of check (front and back)
 - ☒ Identification documents (all parties)
 - ☒ Mortgagee requirements documentation
 - ☒ Contractor agreements and information
 - ☒ Banking information for EFT
 - ☒ Court orders (if applicable)
 - ☒ POA documents (if applicable)
 - ☒ Hold harmless agreement (if needed)
 - ☒ Corporate documents (if applicable)
 - ☒ Previous correspondence
-

DISTRIBUTION

- cc:** [Mortgagee] - For coordination
- cc:** [Contractor] - For information
- cc:** [Other payees] - For coordination
- cc:** Public Adjuster - [Name]
- cc:** Attorney - [