

Road Home Grant Recipient Request for Consent to Settlement (6/16/08 ed.)

Instructions:

This form is to be completed by a Road Home Grant Recipient entering a settlement for claims against their insurance carriers for damage caused by Hurricanes Rita and/or Katrina. This process is for settlements that occur after a Road Home grant closing has occurred. If you have not closed on your grant, you are not required to submit this form.

A separate Carrier Settlement Communication form, signed by the insurance company attorney or another authorized representative, should also be provided to you by the insurance company to be submitted with this form.

Please review and carefully respond to all of the following requested information on this Request for Consent Form. Once you have completely responded to all of the requested information, and the Form has been fully executed, please return the Form, the Carrier Settlement Communication Form, your lender communication form (if applicable) and your attorney fee contract and cost statement (if settlement includes a primary structure payment) to:

**Louisiana Division of Administration
Disaster Recovery Unit – Attention Subrogation
Post Office Box 94095
Baton Rouge LA 70804-9095**

(1) Recipient's/Applicant's Full Name:

First: _____
Middle: _____
Last: _____ Suffix: _____
What is your Road Home Identification Number? **06HH** _____

(2) Co-Recipient's/Co-Applicant's Full Name:

First: _____
Middle: _____
Last: _____ Suffix: _____

(3) Address of Damaged Property (as listed on grant application):

Street Address: _____
City: _____ State: La. Zip: _____

(4) Current Contact Information:

Street Address: _____
City: _____ State: _____ Zip: _____
Phone : () _____ Fax: () _____
E-Mail: _____

(5) FLOOD INSURANCE (You only have to fill out this section 5 if the Carrier Settlement Communication form does not include complete information about your flood claim, if any):

Did you have flood insurance at the time of Hurricanes Katrina and/or Rita?
_____ Yes _____ No
Did you make a claim? _____ Yes _____ No
If you answered yes to making a claim, please answer the following:
Name of your Flood Insurance Company: _____
Policy Number: _____
Claim Number: _____
Did you receive any funds from your flood insurer? _____ Yes _____ No

If you answered "Yes" to receiving funds from your flood insurer, please complete the following questions:

PAST FLOOD INSURANCE PAYMENTS:

How much did you receive for the primary residence? _____
(The term "primary residence" refers to your primary home or dwelling, and excludes other structures such as fences, sheds, and detached garages).
How much did you receive for other structures? _____
How much did you receive for contents? _____
How much did you receive for alternative living expenses? _____
How much did you receive for any other expenses or property damage? _____

FLOOD INSURANCE SETTLEMENT PAYMENTS:

Does the current settlement include a release of claims under your flood insurance policy?
_____ Yes _____ No

IF YES, provide the following for payments being made under the flood policy, if any:

How much is the settlement amount for the primary residence? _____
(The term "primary residence" refers to your primary home or dwelling, and excludes other structures such as fences, sheds, and detached garages).

How much is the settlement amount for other structures: _____

How much is the settlement amount for contents: _____

How much is the settlement amount for alternative living expenses: _____

How much is the settlement amount for any other expenses or property damage: _____

(6) HOMEOWNERS INSURANCE (You only have to fill out this section 6 if the Carrier Settlement Communication form does not have complete information about your homeowner's claim, if any):

Did you make a claim? _____ Yes _____ No

If you answered yes to making a claim, please answer the following:

Name _____ of _____ your _____ Homeowners _____ Insurance
Company: _____

Policy Number: _____

Claim Number: _____

If you answered yes to making a claim and you received any funds from your homeowner's insurer, please answer the following:

PAST HOMEOWNERS INSURANCE PAYMENTS:

How much did you receive for the primary residence? _____

(The term "primary residence" refers to your primary home or dwelling, and excludes other structures such as fences, sheds, and detached garages).

How much did you receive for other structures? _____

How much did you receive for contents? _____

How much did you receive for alternative living expenses? _____

How much did you receive for any other expenses or property damage? _____

HOMEOWNERS INSURANCE SETTLEMENT PAYMENTS:

Does the current settlement include a release of claims under your homeowner's insurance policy?

_____ Yes _____ No

IF YES, provide the following for payments being made under the homeowner's policy, if any:

How much is the settlement amount for the primary residence? _____

(The term "primary residence" refers to your primary home or dwelling, and excludes other structures such as fences, sheds, and detached garages).

How much is the settlement amount for other structures: _____

How much is the settlement amount for contents: _____

How much is the settlement amount for alternative living expenses: _____

How much is the settlement amount for any other expenses or property damage: _____

(7) ATTORNEY INFORMATION

Your Attorney: **IF THE SETTLEMENT INCLUDES ANY PAYMENTS FOR THE PRIMARY STRUCTURE, PLEASE ATTACH A COPY OF THE FEE AGREEMENT AND A COST STATEMENT, WHICH IS USED TO ALLOW A REDUCTION IN ANY AMOUNT YOU MAY BE REQUIRED TO PAY TO THE STATE.

Name of Attorney: _____
Name of Law Firm: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone : () _____ Fax: () _____
E-Mail: _____

Insurance Company Attorney:

Name of Attorney: _____
Name of Law Firm: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone : () _____ Fax: () _____
E-Mail: _____

I solemnly swear that the information contained in this Road Home Consent Form is true and correct under penalty of law and penalty of perjury. The information contained herein and the documents submitted as part of this consent request may be the basis for determining benefits under the Road Home Program, and that Undersigned acknowledge that Undersigned may be prosecuted by Federal, State and/or local authorities in the event that Homeowner(s) make or file false, misleading and/or incomplete statements and/or documents, and that the State of Louisiana may seek remittance of settlement proceeds from the Undersigned in the event that the Undersigned make or file false, misleading and/or incomplete statements and/or documents. Additionally, I understand that any incomplete responses may result in grounds for a deficiency rejection. Finally, I understand that consent to settlement and agreement as to amount to be returned to the Road Home Program will only be evidenced by the written consent and approval of the Road Home Program.

Signature (Recipient/Applicant)

Print Name (Recipient/Applicant)

Signature (Co-Recipient/Co-Applicant)

Print Name (Co-Recipient/Co-Applicant)

Sworn to and subscribed before me the undersigned Notary Public on this ____ day of _____, 200__.

Notary Public
(Print Name, Date Commission Expires and Bar Number)_____

Signature (Attorney)

Print Name (Attorney)

RH#«Homeowner ID»

«Name»

(For Official Use Only)
ROAD HOME CONSENT

___ Request for consent denied.

___ Request for consent denied, please respond to the State's request for additional information, so that further review may be made and consent granted.

___ Request for consent granted. The State of Louisiana, Division of Administration, Office of Community Development ("the State"), solely as the assignee(s) and/or subrogee(s) of interests of the above referenced Road Home Grant recipient(s) ("Recipient"), in consideration of the receipt of the sum of \$[Net Amount to State] less fees), paid by or on behalf of Recipient(s) does hereby RELEASE, ACQUIT, AND FOREVER DISCHARGE «Carrier_Name» (hereinafter referred to as "Insurer" and as defined below), but only to the extent of any and all claims against the Insurer that the State may possess or allegedly possess or be entitled to by virtue of the execution of the Assignment and Subrogation Agreement made part of The Road Home Program Grant process including but not limited to contractual claims or any claims for damages, penalties, punitive damages and/or attorneys fees under any provision of state law, including but not exclusively La. Civ. Code art. 1997, La. R.S. 22:658 and/or 22:1220, arising out of or related to damages or losses caused in any way, whether in whole or in part, by Hurricanes Katrina and/or Rita to the insured premises of the Road Home Recipient and under or relating to Policy Number «Policy_Number» issued by Insurer. With respect to the claims to which the State is the Recipient's alleged subrogee or assignee under the Road Home subrogation and assignment agreement, the sole reservation of rights against the Insurer are rights that the State may have for recovery of Increased Cost of Compliance benefits, if any, under any flood insurance policy issued to the Recipient pursuant to the National Flood Insurance Program and administered by the Insurer, as identified and defined herein.

This Release does not apply to any claims that the State or the State of Louisiana may have in any capacity other than as the Recipient's subrogee or assignee under the Road Home subrogation and assignment agreement executed by that specific Recipient. This Release does not release any rights against the Recipient identified above or rights against any insurer not included within the term Insurer as defined herein.

Insurer is defined herein to include any person or entity who sold or offered for sale Policy Number «Policy_Number», independent program administrators, agents, or agencies involved in the sale or offer for sale of said policy, independent or contract claim adjusters, independent or contract engineers and engineering firms, together with any current and former agents, employees, officers, directors, attorneys, owners, shareholders, associated and affiliated companies, parent companies, divisions, subsidiaries, predecessors, successors, and assigns of any of them, in connection with any claim for damages or losses but only to the extent such claims are or could be asserted by Recipient(s), against Insurer under or relating to Policy Number «Policy_Number» and arising out of or relating to claims for damages or losses from Hurricanes Katrina and/or Rita.

It is expressly acknowledged that payment by Insurer does not constitute and shall not operate as an admission of liability, validate the Assignment and Subrogation Agreement made part of The Road Home Program Grant process, or waive any of Insurer's defenses.

The insurance company or you should make the State portion of the settlement funds payable to Louisiana Division of Administration – DRU" and mailed to

Louisiana Division of Administration
Disaster Recovery Unit – Attention Subrogation
Post Office Box 94095
Baton Rouge LA 70804-9095

Please include on the reference portion of the check the above referenced Road Home application number and include a copy of this correspondence with the check. The above release by the State is contingent on receipt of the State's portion of settlement funds as set forth in the consent and release.

Approved by: _____
Daniel A. Rees, Legal Counsel

Date: _____

RECIPIENT ACKNOWLEDGMENT

I hereby authorize and irrevocably approve and agree to reimburse the Road Home the sum of [*\$Gross Amount to State*], subject to a deduction for fees and costs, for a net payment to the Road Home Program in the amount of *[\$Net Amount to State]*, which I authorize and irrevocably direct the insurance company listed in the Request for Consent Form to remit directly to the Louisiana Division of Administration – DRU, as provided above. If the insurance company has issued or issues the payment jointly to the Road Home Program and others, I authorize my attorney to issue payment of the net payment amount directly to Louisiana Division of Administration – DRU, as provided above.

Witness

Signature:

Witness

Witness

Signature (Co-Recipient/Co-Applicant)

Witness

Print Name (Co-Recipient/Co-Applicant)

Sworn to and subscribed before me the undersigned Notary Public on this ____ day of _____, 2008.

Notary Public

(Print Name, Date Commission Expires and Bar Number)