

AFFIDAVIT

Being of sound mind and over the age of 18 years, upon my(our) oath I(we) now depose and say as follows:

1. I(we) previously made a claim for coverage under the Insurance/Warranty Documents issued by HOW Insurance Company for certain damages to my(our) home (the "Home"). HOW Insurance Company, in Receivership, accepted coverage for the claim and paid less than 100% of the direct repair claim (the "HOW Claim") due to its hazardous financial condition. Since the time that I(we) received payment from the HOW Companies on the direct claim, neither the builder nor any other person or entity has made or agreed to make any repairs to the Home, nor has any person or entity replaced or agreed to replace any defective materials or items in the Home. Please circle the appropriate response.

TRUE FALSE

If you answered false, please provide the name of the builder or person or entity making or agreeing to make repairs, and summarize the nature of your agreement with that person or entity.

2. I(we) have not received any payment, nor am I(are we) a party to any agreement providing for payment, from any source (including other insurance) other than HOW Insurance Company in connection with the damages to the Home that were the subject of the HOW Claim. Please circle the appropriate response.

TRUE FALSE

If you answered false, please state the amount of the payment you have or will receive, the source of the payment, and summarize the nature of your agreement under which you received payment.

3. I(we) am(are) not a party to any proceedings of any kind whatsoever (including a law suit, administrative claim, insurance claim or alternative dispute resolution proceedings), nor am I(are we) participating in any capacity in any such proceeding, to collect payment from any source (including other insurance) other than HOW

Insurance Company in connection with the damages to the Home that were the subject of the HOW Claim. Please circle the appropriate response.

TRUE FALSE

If you answered false, please state the name of the proceeding to which you are a party or are involved in, and summarize the nature of such proceeding.

4. I(we) have not assigned any portion of the HOW Claim to any person or entity (other

than an attorney, if any). Please circle the appropriate response.

TRUE FALSE

If you answered false, please state the name of the person or entity to which you assigned your claim, and the date of such assignment.

5. I(we) have not released the builder of the Home nor any other party who may be responsible for the loss that is the subject matter of the HOW Claim. Please circle the appropriate response.

TRUE FALSE

If you answered false, please state the name of the person or entity released, summarize the release agreement, and provide a copy of the agreement along with this completed Affidavit.

6. I(we) agree to all of the conditions stated in the Notice of Claim Determination and/or release. Please circle the Appropriate response.

TRUE FALSE

If you answered false, please state the reason for this answer.

7. Do you still own the Home? Circle appropriate answer.

YES NO

If yes, and your home carries a HUD or VA insured mortgage, what is the name and address of the current mortgage company, if any?

If you answered no, did you assign your right to receive future distributions from the HOW Companies to the new owner? Circle the appropriate answer.

YES NO

If yes, please provide the name and address of the assignee.

8. If your mailing address is different from that listed on the attached letter, please update that information below.

I(we) understand that this Affidavit is made to assist the HOW Companies in determining whether to make an additional payment on my(our) HOW Claim and I(we) realize that the HOW Companies are relying upon the truth and accuracy of the statements contained in this Affidavit in making that determination. I(we) have attached such explanations and documentation as is necessary to make this Affidavit accurate and complete.

IF THE HOME IS JOINTLY OWNED AND ONLY ONE JOINT OWNER SIGNS THIS AFFIDAVIT, THE SIGNING PARTY HEREBY REPRESENTS AND WARRANTS THAT THE SIGNER HAS THE AUTHORITY TO BIND ALL JOINT OWNERS AND AGREES TO INDEMNIFY THE HOW COMPANIES IN THE EVENT AN ISSUE REGARDING THE AUTHORITY TO BIND ALL JOINT OWNERS ARISES.

EXECUTED as of _____, 200__.

HOME OWNER(S):

Name: _____

Claim No.: _____

Signature: _____

Signature: _____

Printed Name: _____

Printed Name: _____

Daytime Phone: _____ Evening Phone: _____

STATE OF _____

COUNTY OF _____

BEFORE ME, the undersigned authority, on this date personally appeared _____, known to me to be the same person(s) whose name(s) is (are) subscribed to the foregoing affidavit, and being by

me first duly sworn upon his/her/their oath stated that the facts and matters set out in the affidavit are, within his/her/their personal knowledge true and correct.

SIGNED this _____ day of _____, 200____.

Notary Public in and for the State of _____

County of _____