**UNITED STATES BANKRUPTCY COURT**

**FOR THE DISTRICT OF SOUTH CAROLINA**

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| IN RE:  [Debtor Name],  Debtor(s). | C/A No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Chapter 13 SETTLEMENT ORDERONMOTION FOR RELIEF FROM AUTOMATIC STAY **(Insurance)** |

This matter comes before the Court on the motion for relief from the automatic stay filed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (“Movant”) based (in whole or in part) upon Debtor’s failure to maintain insurance or timely reimburse Movant for such costs. The Chapter 13 Trustee did not object to the motion or has agreed to the settlement. The property which is the subject of the motion is described as follows:

[Property Description]

According to the certifications of facts, the value/equity in the subject property above the movant’s lien is $\_\_\_\_\_\_.

Upon the agreement of the parties, it is hereby ORDERED:

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| If there was no insurance at the time of the motion, Debtor agrees to present evidence of current insurance within 10 days of the entry of this Order or be deemed in default under the terms of this settlement order.  Furthermore, in accordance with the terms of the loan agreement, Movant has incurred post petition fees and expenses in the amount of $*\_\_\_\_\_\_\_\_\_*  associated with the motion and with obtaining insurance or force placing insurance on behalf of Debtor. These post petition fees and expenses consists of:  Premiums for insurance/forced place insurance in the amount of $\_\_\_\_\_\_\_\_.  Attorney’s fees and costs in the amount of $\_\_\_\_\_\_\_\_.  Other costs (specify below) in the amount of $\_\_\_\_\_\_\_\_. |
| Debtor shall cure the aforementioned post petition fees and expenses through the following Cure Payments: |
| Pay initial payment of $\_\_\_\_\_\_\_\_\_ by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_.  Pay $\_\_\_\_\_\_\_ per month beginning \_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_ for \_\_\_ months.  Pay final payment of $\_\_\_\_\_\_\_\_ by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_. |
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| Failure to make a Cure Payment within 20 days from its due date shall be considered a default under the terms of this settlement order. |
| Cure Payments shall be paid directly to Movant at:  [Address for Payment] |
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| Further, the parties agree that Movant may request proof of insurance in the future through a written notice to Debtor and Debtor’s counsel. Failure to provide proof of insurance or to reasonably reimburse Movant for forced place insurance within 20 days after service of the written notice shall be a default under the terms of this settlement order. |

In the event of a default under the terms of this Order, relief from stay may be provided without further hearing upon the filing of an affidavit of default by Movant and the entry of the proposed order by the Court. Movant may then proceed with its state court remedies against the property, including sending any required notice to Debtor(s).

Movant agrees to waive any claim arising under 11 U.S.C. § 503(b) or § 507(b) as a result of this Order. In the event relief from the automatic stay is granted due to Debtor’s default under the terms of this Settlement Order, Movant agrees that any funds received in excess of all liens, costs, and expenses will be paid to the Trustee.

The parties agree that the Fed. R. Bankr. P. 4001(a)(3) stay:

is applicable to any order granting relief for default on this settlement order.

is not applicable to any order granting relief for default on this Settlement

Order.

**AND IT IS SO ORDERED.**

**WE SO MOVE AND CONSENT:**

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| /s/ Attorney for Movant  Attorney for Movant  District Court I.D. \_\_\_\_\_\_\_ | /s/ Attorney for Debtor  Attorney for Debtor  District Court I.D. \_\_\_\_\_\_\_ |

**CERTIFICATION:**

Prior to consenting to this settlement order, the payment obligations set forth in this Order, including the amounts, method, and timing of payments, and consequences of default were reviewed with and agreed to by the Debtor or the party obligated to pay.

/s/ Attorney for Debtor

Attorney for Debtor

District Court I.D. \_\_\_\_\_