

ATTN: NCIUA CLAIM DEPARTMENT
WINDSTORM/HAIL POLICY CLAIM PAYMENT AUTHORIZATION

NCIUA Claim #: _____ Date of Loss: _____
NCIUA Policy #: _____ Policy Holder: _____
Co Claim #: _____ Loss Location: _____

INDEMNITY PAYMENT

Company Reimbursement (Insured has been paid) Insured Reimbursement (Insured has not received payment)
Mail To: address on policy other (show address in Special Instructions below)

ADJUSTMENT

Coverage	Repl Cost	Depr/Holdback	ACV	Deductible	Payment	Remaining Reserves	Assoc. Use
Building/Dwelling							
Detached Structure							
BPP/Contents							
ALE/Loss of Use/BI							
Other/Misc Cov							
Total Payment							

Type of Payment Final Partial Supplement

Payee(s) (verify MORTGAGEES and Other LOSS PAYEES): _____
Special Instructions: _____

EXPENSE PAYMENT (Include the 10% administrative fee for all Member Insurer expense payments)

Company Reimbursement (Vendor has been paid) Vendor Reimbursement (Vendor has not received Payment)

Company	Tax ID #	Mailing Address	Amount

AUTHORIZATION: All payments must be authorized by a Member Insurer Representative

Company: _____ Email Address: _____
Name: _____ Title: _____
Address: _____ Contact #: _____
Signature: _____ Date: _____

NOTE: File reserve recommendations of \$25,000 or greater can be forwarded to
claims@ncjua.com (with the claim number as the subject) or provided on this form