

**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/TYPE: Final Partial Supplement
 Company Reimbursement (Insured has been paid) Insured Reimbursement (Insured has not received)

Indemnity Payee(s) (Incl. MORTGAGEES and Other LOSS PAYEES):

ADJUSTMENT:

Coverage	Replacement Cost	Reserve Request/ Depr/Holdback	ACV	Deductible	Prior Payment(s)	<u>Requested Payment</u>
Building/ Dwelling			\$ -			\$ -
Detached Structure			\$ -			\$ -
BPP/ Contents			\$ -			\$ -
ALE/Loss of Use/BI			\$ -			\$ -
Building Ordinance			\$ -			\$ -
*IBHS			\$ -			\$ -
Miscellaneous Coverage			\$ -			\$ -
Miscellaneous Coverage			\$ -			\$ -
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***Important Notice: Please verify whether the Special Roof Coverage endorsement (PF 01 06) applies to this loss.**

Yes No

Mail To: Address on Policy Other (Show Address in Special Instructions below)

Mailing Address/Special Instructions:

EXPENSE PAYMENT:

Adjustment Fee to be Paid to the Member Insurer	10% Admin Fee	Total Carrier Payment Amount
	\$ -	\$ -

Vendor Reimbursement (Vendor has not been paid)

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Company	Mailing Address	Total Vendor Payment Amount

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

Company: _____ Email Address: _____
 Name/Title: _____ Contact #: _____

Insert Signature
Picture Here

Signature: _____ Date: _____

Other Instructions