

**NORTH CAROLINA INSURANCE UNDERWRITING ASSOCIATION  
COASTAL PROPERTY INSURANCE POOL**

**Member Insurer Payment Authorization Request**

NCIUA Claim #: \_\_\_\_\_ Date of Loss: \_\_\_\_\_  
 NCIUA Policy#: \_\_\_\_\_ Insured: \_\_\_\_\_  
 MI Claim #: \_\_\_\_\_ Loss Location: \_\_\_\_\_  
 RCV of total Claim: \_\_\_\_\_

**Loss Payment(s):**

Coverage Type	Commercial Loc#/Bldg#	Deductible Applied	Prior payment	Requested Payment	Payee including additional insureds and mortgagee if needed	Reserve Open/Closed?	Remaining Reserves

**Expense Payment(s):**

Payment Requested	Payee	Mailing Address	Reserve Open/Closed?	Remaining Reserves

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**Mailing Address/Special Instructions**

All loss payments will be mailed to the named insured's mailing address on the policy unless otherwise instructed.

**Authorization:** All payments must be authorized by a Member Insurer Representative

**Company:**

**Name/Title:**

**Email Address:**

**Phone Number:**

**Signature:**

**Date:**

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\_\_\_\_\_  
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**Instructions:**

- Coverage type examples include (but are not limited to): Cov A, Cov B, Cov C, Cov D, Cov E, IBHS, Debris Removal, Ordinance or Law, etc.
- The PF 01 06 IBHS endorsement provides for reimbursement up to \$5,000 once the IBHS designation has been received.
- Confirm whether the mortgagee should be included on the payment. List all mortgagees and additional insureds/loss payees.
- Commercial claims have multiple locations and/or buildings on one policy. Use the Commercial Loc #/Bldg# column to list the location and/or building number for which payment is being requested.
- Member Insurer administration fee is 10%.
- Form should be used for all reserve requests. NCIUA should be notified of all reserve increases of \$25,000 or greater.