



**PRODUCER APPLICATION FOR THE YEAR 2017
CATASTROPHE CLAIMS ASSIGNMENT AUTHORITY**

Agency Name: _____

Address: _____ County _____

Primary Agency Email Address:

Telephone: (_____) _____ Fax: (_____) _____

Contact Person: _____

Estimated number of NCJUA Full Peril policies _____ Windstorm and Hail Only policies _____

Policy Number _____ Policy Limits _____ and Name of E & O carrier: _____

From the list of approved adjusters, to whom do you anticipate assigning your claims? (The list of approved adjusters is available on our website.) **Please include a primary and a backup selection.**

1st Choice _____ **2nd Choice** _____

We hereby make application for authority to assign claims outlined in the **“Producer Catastrophe Claim Assignment Procedures”** and agree to the terms and conditions of this authority.

Signed: _____ Date: _____

Title: _____

Acknowledged and agreed:
North Carolina Joint Underwriting Association / North Carolina Insurance Underwriting Association

Signed: _____ Date: _____

Title: _____

**Return to NCJUA-NCIUA,
E-MAIL TO: Christine.Wertis@ncjua.com
FAX TO: 919-745-3853**

Please check the website to verify that Direct Assignment Authority is activated. Direct Assignment is only available by submitting losses through the Dynamic Web Portal. Losses submitted by fax or email may not utilize the Direct Assignment Authority.