

**MEMBERCOMPANYHANDLINGOF  
CATASTROPHEWINDSTORMLOSSES**

**CATASTROPHECONTACTFORM**

New

Change

CompanyName: \_\_\_\_\_

ContactPerson(Printed) \_\_\_\_\_

ContactPersonSignature: \_\_\_\_\_

Title: \_\_\_\_\_

StreetAddress: \_\_\_\_\_

P.O.Box: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

E-MailAddress: \_\_\_\_\_

Telephone# \_\_\_\_\_

Cell#: \_\_\_\_\_

Fax#: \_\_\_\_\_

**Returnto  
MarioMarchese,ClaimsManager  
NCInsuranceUnderwritingAssociation  
POBox8009Cary,NC27512**