

**ATTN: NCIUA CLAIM DEPARTMENT
WINDSTORM AND HAIL POLICY CLAIM PAYMENT REQUEST**

Policyholder: _____ Date of Loss: _____

NCIUA Policy #: _____ NCIUA Claim #: _____

Property Location: _____ Co. Claim #: _____

INDEMNITY PAYMENT

- COMPANY REIMBURSEMENT** – Payment has been made to policyholder
- Payment has not been made. Issue payments directly to insured.
 Mail to: address on policy other (show address in Special Instructions below)

<input type="checkbox"/>	Building / Dwelling		\$
<input type="checkbox"/>	Wind Driven Rain	+	\$
<input type="checkbox"/>	Personal Property	+	\$
<input type="checkbox"/>	Rental	+	\$
<input type="checkbox"/>	ALE	+	\$
<input type="checkbox"/>	Business Income	+	\$
<input type="checkbox"/>	Other (explain)	+/-	\$
<input type="checkbox"/>	Deductible	-	\$
<input type="checkbox"/>	Total	=	\$

Final Partial/Reserve Outstanding \$ _____ Supplement

The following parties should be named on the check to the policyholder:

Mortgagee: _____

Public Adjuster (not independent adj.): _____

Special Instructions: _____

EXPENSE PAYMENT

Company Reimbursement – Company expenses to be reimbursed: \$ _____

Make Payments directly to vendors as follows: (Attach copy of bill with tax ID)

Company	Address	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

AUTHORIZATION: All payments must be authorized by a Member Company Representative (not an Independent Adjuster).

Authorized Signature: _____ Date: _____

Name: _____ Title: _____

Company: _____ Telephone: _____

Address: _____