

**ATTN: NCIUA CLAIM DEPARTMENT
WIND 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)

- Building/Dwelling \$ _____ Amount
- BPP/Personal Property \$ _____ Amount
- Rental \$ _____ Amount
- ALE \$ _____ Amount
- Business Income \$ _____ Amount
- Other (explain) \$ _____ Amount
- Deductible \$ _____ Amount

Final Partial Reserve Outstanding _____

Payment after close _____ RC Holdback _____ Supplemental _____ other (explain)

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
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Payments Authorized by:

Name: _____ Title: _____

Company: _____ Address: _____

Telephone: _____ Date: _____