

**PRODUCER APPLICATION FOR HURRICANE  
CATASTROPHE CLAIMS ASSIGNMENT AUTHORITY  
YEAR \_\_\_\_\_**

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ County: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

E-Mail address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Estimated number of Windstorm and Hail Only policies \_\_\_\_\_ All Others \_\_\_\_\_

Flood Carrier writing the majority of your Flood business: \_\_\_\_\_

Policy Number \_\_\_\_\_, Policy Limits \_\_\_\_\_ and Name of E & O carrier: \_\_\_\_\_

From the list of approved adjusters, to whom do you anticipate assigning your claims?

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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: \_\_\_\_\_

Acknowledge and agreed:

*North Carolina Joint Underwriting Association / North Carolina Insurance Underwriting Association*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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