

APPLICATION FOR CHANGE

DATE: _____ / _____ / _____

TO: _____ North Carolina Joint Underwriting Association
North Carolina Insurance Underwriting Association
P.O. Box 8009 NCJUA/NCIUA Policy No.: _____
Cary, NC 27512

Insured's Name: _____

Insured's Address: _____

Name and Address of Insured's Representative if any: _____

Increase Coverage: Building from \$ to \$
Contents from \$ to \$

Explain reason for increase: _____

Decrease Coverage: Building from \$ to \$
Contents from \$ to \$

Explain reason for decrease: _____

Cancel Entire Policy – when this item applies, attach the policy to be cancelled (or in lieu thereof, Lost Policy Release) to this Application, so that proper Return Premium can be remitted. (Signature of Mortgagee or Loss Payee required if the original policy is not returned).

Reason for Cancellation: _____ If rewritten, please complete the following:

Company & Policy No. _____ Coverage _____ Effective Date: _____

Other: _____

Please be advised that endorsement to a new owner is generally not permitted in the FAIR Plan. A new Application must be submitted. The existing policy should be returned for cancellation.

_____ This request is for information only, please change the Associations records only, a copy of the endorsement is not required.

_____ Signature of Insured (Authorized Representative accepted for Beach Plan)

_____ Signature of Mortgagee or Loss Payee (if required)

When Application is submitted by Producer complete the following:

_____ Name of Agency

_____ Name of Licensed Producer

_____ Street Address or P.O. Box Number

_____ City, State and Zip Code Number

_____ Telephone Number