

**NORTH CAROLINA INSURANCE UNDERWRITING ASSOCIATION
COASTAL PROPERTY INSURANCE POOL**

Member Insurer Payment Authorization Request

NCIUA Claim #: Date of Loss:
NCIUA Policy#: Insured:
MI Claim # : Loss Location:
RCV of total Claim:

Loss Payment(s):

Coverage Type	Commercial Loc#/Bldg#	Deductible Applied	Prior payment	Requested Payment	Payee including additional insureds and mortgagee if needed	Reserve Open/Closed?	Remaining Reserves

Expense Payment(s):

Payment Requested	Payee	Mailing Address	Reserve Open/Closed?	Remaining Reserves

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Mailing Address/Special Instructions

All loss payments will be mailed to the named insured's mailing address on the policy unless otherwise instructed.

Authorization: All payments must be authorized by a Member Insurer Representative

Company:

Name/Title:

Email Address:

Phone Number:

Signature:

Date:

Instructions:

- Coverage type examples include (but are not limited to): Cov A, Cov B, Cov C, Cov D, Cov E, IBHS, Debris Removal, Ordinance or Law, etc.
- The PF 01 06, PF 01 09, PF 01 10, and PF 01 11 IBHS endorsements provide for reimbursement up to \$5,000 once the IBHS designation has been received.
- Confirm whether the mortgagee should be included on the payment. List all mortgagees and additional insureds/loss payees.
- Commercial claims have multiple locations and/or buildings on one policy. Use the Commercial Loc #/Bldg# column to list the location and/or building number for which payment is being requested.
- Member Insurer administration fee is 10%.
- Form should be used for all reserve requests. NCIUA should be notified of all reserve increases of \$25,000 or greater.