



MEMBER INSURER CATASTROPHE CONTACT INFORMATION

During a named storm event, it is critical that current catastrophe team information is available for every Member Insurer.

Company Name: _____

Expense Payment Address: _____

City: _____ Zip: _____ State: _____

Company Email Address for Claim Assignment: _____

Claims Customer Service Telephone Number: (_____) - ____ - ____ - ____

Primary CAT Contact Name: _____

Primary CAT Contact Email: _____

Phone Number: (_____) - ____ - ____ - ____

NCIUA recommends a shared/general email address be established for use during Named Storm events that can be monitored by multiple people. This will assist in the event that the CAT contact changes throughout the year or from year to year.

Alternative Contact Name: _____

Alternative Contact Email: _____

Phone Number: (_____) - ____ - ____ - ____

**Please complete and return this form to NCJUA-NCIUA
E-MAIL TO: dominic.wilson@ncjua.com
FAX TO: 919-745-3865**

**If you are in need of access to our Portal system, please contact Dominic Wilson
at 919-745-3864 or dominic.wilson@ncjua.com**