

North Carolina Department of Insurance

State Property Fire Insurance Fund

PROOF of LOSS

(Request for Payment)

DEPARTMENT OR UNIVERSITY _____

DIVISION _____ DATE/ TIME OF LOSS _____

BUILDING NAME _____

CITY _____ STREET ADDRESS _____

DEPARTMENT/DIVISION # _____ COMPLEX # _____ ASSET # _____

CAUSE OF LOSS (Fire, Lightning, Wind, Theft, etc.) _____

COVERAGE TYPE (Fire, Extended Coverage, "All Risk", Business Interruption, etc.) _____

DESCRIPTION OF LOSS (use separate sheet if needed) _____

CORRECTIVE ACTION TO PREVENT RECURRENCE _____

AMOUNT REQUESTED TO REPAIR OR REPLACE BUILDING \$ _____

Number Of Invoices Attached And Tabulated # _____

AMOUNT REQUESTED TO REPAIR OR REPLACE CONTENTS \$ _____

Number Of Invoices Attached And Tabulated # _____

LESS DEDUCTIBLE \$ _____

TOTAL AMOUNT REQUESTED \$ _____

SIGNATURE _____ TITLE _____ DATE _____

MAILING ADDRESS: N.C. Department of Insurance
Office of State Fire Marshal
State Property Fire Insurance Fund
PO Box 26387
Raleigh, N.C. 27611-6387

Business Telephone: (919) 661-5880
FAX Number: (919) 662-4416
Web Site: <http://www.ncdoi.com>

For Use by SFPIF: **SPFIF LOSS #** _____ **SPFIF ACCOUNT #** _____