

**North Carolina Department of Insurance
Risk Management Division
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 # _____

TOTAL \$ _____

LESS DEDUCTIBLE \$ _____

TOTAL AMOUNT REQUESTED \$ _____

SIGNATURE _____ TITLE _____ DATE _____

MAILING ADDRESS: N.C. Department of Insurance
Risk Management Division
State Property Fire Insurance Fund
1202 Mail Service Center
Raleigh, N.C. 27699-1202

**Business Telephone: (919) 647-0070
FAX Number: (919) 715-0067
Email: Richard.Bolyard@ncdoi.gov
Web Site: http://www.ncdoi.com**

Claim Number:	<input type="checkbox"/> Process for Council of State <input type="checkbox"/> Approved for Payment	Date: _____ Initials: _____	SPFIF Account #
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