

**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 # \_\_\_\_\_