

**Add Company
Name State**

Insured:

Jean Luc Picard

Policy #:

Add Policy Number
State

Date of loss:

Add Loss Date State

Loss address:

1701 Enterprise Way,
Mobile, 36606

Adjuster:

Add Adjuster Name
State

Adjuster FCN:

Number

Work:Add state

Mobile:add state

**CNC Catastrophe
& National
Claims**

2928 McVay Dr.
North
Mobile, AL 36606
251-471-4718, ext. 5
claims@cnc-
resource.com
AdjustingExpectation
s.com

Advance Payment Request

Mail advance payment to:

1701 Enterprise WayMobile, Alabama, 36606

Contents advance:

\$0.00

Building advance:

\$0.00

This agreement acknowledges you have sustained a loss on the above date at the above address. Demo Company agrees to advance you \$0.00 against the final payment of your loss. It is understood by you, that the investigation of your loss is not complete at this time. It may be established after the investigation of your loss, that Selective Insurance Company SE has no legal obligation for payment of your claim. If it is determined your claim is not a valid claim under your insurance policy, you agree to reimburse the \$0.00 advanced to you. Issuance of an advance payment by us is not an admission of liability on our part. Acceptance by you does not represent a satisfaction or release of all claims.

This is not a PROOF OF LOSS as required by the policy. A PROOF OF LOSS must still be submitted to the company within sixty (60) days of the date of loss, as stated in your policy. This agreement or payment of this advance is not intended to change or modify any of the conditions, terms, provisions, or requirements contained in the policy. Any obligations or legal rights which may now or hereafter be available to you or the company are reserved.

Insured signature

3/1/2021

Adjuster signature

3/1/2021

