



**Towing Reimbursement Application**  
 Return completed applications via email or mail to:  
 National Association of Professional Allstate Agents  
[info@napaa-inc.org](mailto:info@napaa-inc.org)  
 183 Windchime Ct, Suite 203  
 Raleigh, NC 27615  
 Call Toll-Free: 877-627-2248  
 Fax: 919-459-2075  
[www.NAPAAUSA.org](http://www.NAPAAUSA.org)

## NAPAA Towing Reimbursement Application

*NAPAA Members with at least one year membership paid in full are eligible for up to \$50 reimbursement for a towing service twice per year.*

*Date of service must be within twelve months of reimbursement request.*

*Contact NAPAA headquarters with any questions.*

| APPLICANT INFORMATION                                                         |    |                                                           |                                                                         |
|-------------------------------------------------------------------------------|----|-----------------------------------------------------------|-------------------------------------------------------------------------|
| <b>Full name:</b>                                                             |    |                                                           |                                                                         |
| <b>Today's Date:</b>                                                          |    |                                                           |                                                                         |
| <b>Address:</b>                                                               |    |                                                           |                                                                         |
| <b>Phone:</b>                                                                 |    | <input type="checkbox"/> Cell Phone                       | <input type="checkbox"/> Home Phone <input type="checkbox"/> Work Phone |
| <b>Email Address:</b>                                                         |    |                                                           |                                                                         |
| TOWING SERVICE INFORMATION                                                    |    |                                                           |                                                                         |
| <b>Name of Service Provider:</b>                                              |    |                                                           |                                                                         |
| <b>Date of service:</b>                                                       |    |                                                           |                                                                         |
| <b>Total cost of service:</b>                                                 | \$ | <b>Amount requesting for reimbursement:</b><br>\$50 limit | \$                                                                      |
| EVIDENCE: Please attach RECEIPT and additional EVIDENCE OF SERVICE COMPLETION |    |                                                           |                                                                         |
| <input type="checkbox"/> Receipt enclosed                                     |    | <input type="checkbox"/> Additional evidence enclosed     |                                                                         |
| <b>Notes:</b>                                                                 |    |                                                           |                                                                         |
| SIGNATURE                                                                     |    |                                                           |                                                                         |
| <b>Authorization Signature:</b>                                               |    | <b>Date:</b>                                              |                                                                         |