



National Association  
of Professional Allstate Agents

## E&O Policy Subsidy 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 Errors and Omissions Policy Subsidy Application

*NAPAA Members with at least one year membership paid in full are eligible for a reimbursement up to 20% of the deductible for any E&O claim paid of up to \$500 per member per year.*

*Date of claim must be within twelve months of date of reimbursement request and more than 90 days after NAPAA member join date.*

*Contact NAPAA headquarters with any questions.*

| APPLICANT INFORMATION                                                          |  |                                     |                                                                         |
|--------------------------------------------------------------------------------|--|-------------------------------------|-------------------------------------------------------------------------|
| Full name:                                                                     |  |                                     |                                                                         |
| Today's Date:                                                                  |  |                                     |                                                                         |
| Address:                                                                       |  |                                     |                                                                         |
| Phone:                                                                         |  | <input type="checkbox"/> Cell Phone | <input type="checkbox"/> Home Phone <input type="checkbox"/> Work Phone |
| Email Address:                                                                 |  |                                     |                                                                         |
| Amount requesting for reimbursement:                                           |  | \$                                  |                                                                         |
| <i>Up to 20% of deductible, \$500 limit</i>                                    |  |                                     |                                                                         |
| <b>EVIDENCE:</b> Evidence of E&O claim payment must accompany this application |  |                                     |                                                                         |
| <input type="checkbox"/> Evidence enclosed                                     |  |                                     |                                                                         |
| Notes:                                                                         |  |                                     |                                                                         |
| <b>SIGNATURE</b>                                                               |  |                                     |                                                                         |
| Authorization Signature:                                                       |  | Date:                               |                                                                         |