



**FWUA
ADVANCE PAYMENT REQUEST**

Dwelling loss Condo/Commercial loss Mobile Home loss **AYO loss

DATE OF REQUEST

FWUA CLAIM NUMBER

INSURED NAME

Please Issue an advance of

against the following line of coverage

\$

Building Contents Loss of Use

Item # if more than one listed _____

Mail check to this address:

Regular Mail

Overnight mail

requires physical address

Adjuster signature

Company Examiner Approval _____

INSTRUCTIONS

- Verify that claim will exceed deductible
- Complete form in its entirety
- Fax to Company (FWUA or AYO)
- Include at least one faxed photo of damage

NO ADVANCE PAYMENT WILL BE PERMITTED UNTIL AN INITIAL REPORT HAS BEEN FILED

**** This report must be submitted to AYO Carrier if claim is an AYO assignment ****