North Dakota Insurance Department
Protecting the Public Good
Special Funds Division

Fire and Tornado Fund policyholder contact information

Please provide contact information for each of the three primary organizational positions. If your organization does not have employees in these positions, please provide contact information for those that you do have (e.g., primary business contact) and leave the others blank. Alternate contacts are **not** required. Provide them as necessary.

Email completed forms to ndspecialfunds@nd.gov or mail to North Dakota Insurance Department, ATTN: Special Funds, 600 E. Boulevard Ave., Bismarck, ND 58505.

Contact information—organization

Organization name: _____

Policy # _____ Office phone # _____

Mailing address: _____
Address City State Zip

Primary business contact

Name _____
(please print) Work Title

Phone _____ E-mail _____

Primary administrative contact

Name _____
(please print) Work Title

Phone _____ E-mail _____

Primary facilities /maintenance contact

Name _____
(please print) Work Title

Phone _____ E-mail _____

Alternate contacts are optional

Alternate contact 1

Name _____
(please print) Work Title

Phone _____ E-mail _____

Alternate contact 2

Name _____
(please print) Work Title

Phone _____ E-mail _____

Alternate contact 3

Name _____
(please print) Work Title

Phone _____ E-mail _____