CLAIMS PROCEDURES

1) Complete the reverse side of this procedure notice.

2) Attach all relevant documents.

3) Please forward claim to Zurich American Insurance Company, even if forwarding to an attorney or other insurance company.

REPORT A CLAIM to Zurican American Insurance Company BY THESE METHODS:

- EMAIL: USZ_CareCenter@Zurichna.com
- FAX: (877) 962-2567
- PHONE: (800) 987-3373
- MAIL: Zurich Customer Care Center, PO Box 968017, Schaumburg, IL 60196

Attach all relevant documents and complete the reverse side of this procedure notice.

4) For questions or additional information please contact:

   Williams Underwriting Group at (800) 222-4035

It is important that all claims be reported promptly. Delays in reporting a claim can violate conditions of the policy, and jeopardize coverage.

If the broker is submitting for both the firm and agent(s), please indicate the license number for each or use a separate form. If using a separate form, you just need to complete the name and certificate number for each additional party.

***If one of the licensees’ involved in the claim does not have coverage through Williams Underwriting Group, a Division of AssuredPartners NL LLC, the claim for that licensee needs to be reported to their insurance carrier. A note about this should be attached to the claim being reported to Zurich. The note at a minimum should contain the name of the licensee and their license number.

We do thank you for your business, and please feel free to contact Zurich at 800-987-3373 or Williams Underwriting Group at 800-222-4035 if you need any assistance.
INSURED BROKER NAME and/or INSURED AGENT NAME: ________________________________________________________________

STATE: ______________________________________________________________________________________________________

LICENSE NUMBER: ______________________________________________________________________________________________________

CERTIFICATE NUMBER: ____________________________________________________________________________________________

CONTACT INFO: ___________________________________________________________________________________________________

ADDRESS: _______________________________________________________________________________________________________

PHONE #(s): _________________________ FAX # (s): _________________________ EMAIL: _________________________

CLAIMANT’S NAME: ______________________________________________________________________________________________

PROPERTY ADDRESS PERTAINING TO CLAIM: __________________________________________________________________________

DATE OF SALE OR INCIDENT: _______________________________________________________________________________________

(If no sale took place, date of alleged error or omission)

DATE THE INSURED FIRST BECAME AWARE OF THE CLAIM OR THE CIRCUMSTANCES THAT MAY LEAD TO A CLAIM?: _______________________________________________________________________________________

HAS SUIT BEEN FILED?: _________________________ IF SO, WAS IT SERVED? WHAT DATE?: _________________________

DESCRIPTION OF CLAIM: (Please attach any correspondence from claimant demand letters, documents, summons and complaint, etc.) ______________________________________________________________

________________________________________________________________________________________________________________

_______________________________________________________________________________________________________________

DID INSURED REPRESENT THE BUYER OR THE SELLER: ______________________________________________________________

DATE CLAIM FORM NOTICE COMPLETED: _________________________

BY: _________________________ TITLE: _________________________

SIGNATURE: ______________________________________________________________

**If no retroactive date is listed on your certificate of coverage please provide evidence of continuous coverage from date of transaction or alleged error.

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