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 Zurich American Insurance Company BY THESE METHODS:
- EMAIL: USZ_CareCenter@Zurichna.com
- FAX: (877) 962-2567
- PHONE: (800) 987-3373
- ON LINE: www.zurichna.com
- BY MAIL: MS Real Estate Broker Claims, Zurich 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 Neace Lukens, 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.
REAL ESTATE BROKERS PROGRAM PROFESSIONAL LIABILITY CLAIMS NOTICE FORM

WILLIAMS GROUP REAL ESTATE BROKERS PROGRAM

MISSISSIPPI MASTER POLICY #: EOC 9487185

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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If you have any questions please call Williams Underwriting Group at (800) 222-4035