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
- ON LINE: www.zurichna.com

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  Kentucky Master Policy #: EOC 4888828

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