

## 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
- 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.

REAL ESTATE BROKERS PROGRAM 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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