

## **CLAIMS PROCEDURES**

- 1) Complete the reverse side of this procedure notice.
- 2) Attach all relevant documents.
- 3) Please forward claim to AIG even if forwarding to an attorney or other insurance company.
- 4) Fax or mail the information to:

AIG Domestic Claims  
175 Water Street  
7<sup>th</sup> Floor  
New York, NY 10038  
Attn: Vivian Beqaj

Fax: 866-754-1229  
Ph: 888-602-5246 (Toll Free)  
Email: Vivian.Beqaj@AIG.com

- 5) For questions or additional information please contact one of the following:
  - Vivian Beqaj – Mainstream Director: 212-458-1968 (Direct Line)  
866-754-1229 (Fax)  
vivian.beqaj@AIG.com
  - John Emanuilidis – Assistant Vice Pres: 212-458-5642 (Direct Line)  
866-266-5583 (Fax)  
john.enameuilidis@AIG.com
  - Sam Conanan – Vice President: 212-458-1238 (Direct Line)  
866-743-3381 (Fax)  
samuel.conanan@AIG.com

It is important that all claims, even if it is only a potential claim, 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, 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 AIG. 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 AIG at 212-458-1968 or Williams Underwriting Group at 800-222-4035 if you need any assistance.

**WILLIAMS UNDERWRITING GROUP CLAIM NOTICE - KENTUCKY**

LICENSEE'S NAME(S): \_\_\_\_\_

LICENSE #'S: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PRINCIPAL BROKERS NAME: \_\_\_\_\_

FIRM ADDRESS – Including county name: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

CLAIMANT'S NAME: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

DATE OF SALE OR INCIDENT: \_\_\_\_\_

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

DATE YOU FIRST BECAME AWARE OF THE CLAIM: \_\_\_\_\_

HAS SUIT BEEN FILED: \_\_\_\_\_ IF SO, WHO WAS SERVED AND WHAT DATE

DESCRIPTION OF COMPLAINT: (Please attach any correspondence from claimant, court documents, etc.) \_\_\_\_\_

DID YOU REPRESENT THE BUYER OR SELLER: \_\_\_\_\_

DATE CLAIM FORM NOTICE COMPLETED: \_\_\_\_\_

COMPLETED BY: \_\_\_\_\_ TITLE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

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

Fax claim to 866-754-1229 or mail to AIG Domestic Claims, 175 Water Street, 7<sup>th</sup> Floor, New York, NY 10038 Attn: Vivian Beqaj (Vivian.Beqaj@AIG.com). Please Call AIG @ 212-458-1968 or Williams Underwriting Group @ 800-222-4035 if you have any questions.