

CLAIMS PROCEDURES - KY

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

Chartis
Errors & Omissions
175 Water Street
7th Floor
New York, NY 10038
Attn: Vivian Beqaj

Fax: 866-754-1229
Ph: 888-602-5246 (Toll Free)
Email: Vivian.Beqaj@chartisinsurance.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@chartisinsurance.com
- John Emanuilidis – Assistant Vice Pres: 212-458-5642 (Direct Line)
866-266-5583 (Fax)
john.enameuilidis@chartisinsurance.com
- Antonios Daskalakis – Vice President: 212-458-1962 (Direct Line)
866-817-8008 (Fax)
Antonios.Daskalakis@chartisInsurance.com

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 Maverick Insurance, 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 Chartis. 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 Chartis 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 Chartis, Errors and Omissions 175 Water Street, 7th Floor, New York, NY 10038
Attn: Vivian Beqaj (Vivian.Beqaj@chartisinsurance.com). Please Call Chartis @ 212-458-1968 or Williams Underwriting Group @ 800-222-4035 if you have any questions.