

## CLAIMS PROCEDURES

- 1) Complete the reverse side of this procedure notice.
- 2) Attach all relevant documents.
- 3) Please forward claim to Zurich even if forwarding to an attorney or other insurance company.
- 4) Fax or mail information to:
  - By Fax- 866-255-2962 Attn. Colleen McNicholas
  - By E-Mail- colleen.mcnicholas@zurichna.com
  - By Mail
    - Zurich American Insurance Company  
PO Box 968041  
Schaumburg, IL 60196-8041  
Attn: Colleen McNicholas

Attach all relevant documents and complete the reverse side of this procedure notice.

- 5) For questions or additional information please contact one of the following:
  - Bryan Jordan- Claim Counsel: 212-553-5662 (Direct Line)  
800-442-2935, then press 1, Ext # 5662  
866-255-2962 (Fax)  
bryan.jordan@zurichna.com
  - Colleen McNicholas-Team Manager: 212-553-5633 (Direct Line)  
800-442-2935, then press 1, Ext # 5633  
866-255-2962 (Fax)  
colleen.mcnicholas@zurichna.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 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 800-442-2935 or Williams Underwriting Group at 800-222-4035 if you need any assistance.

**WILLIAMS UNDERWRITING GROUP CLAIM NOTICE**

NAME OF REAL ESTATE FIRM AND/OR INDIVIDUAL(S): \_\_\_\_\_

(If reporting for firm and agent(s) please list license number for each or use separate form)

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

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

CONTACT NAME: \_\_\_\_\_

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

NAME OF AGENT: \_\_\_\_\_

PHONE: \_\_\_\_\_ LICENSE # \_\_\_\_\_

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

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 OR THE CIRCUMSTANCES THAT  
MAY LEAD TO A CLAIM?: \_\_\_\_\_

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

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

DID YOU 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 the date of the transaction or alleged error.**

Fax claim to Zurich at 866-255-2962 (Attn Colleen McNicholas) or mail to Zurich American Insurance Company, PO Box 968041, Schaumburg, IL 60196-8041 Attn: Colleen McNicholas or email at colleen.mcnicholas@zurichna.com Please call Bryan Jordan at Zurich @ 800-442-2935 (Press 1, Ext 5662) or Williams Underwriting Group @ 800-222-4035 if you have any questions.