



ZURICH®

Fax or email to: Claims Customer Care Center – ZDM

Fax #: 877-962-2567 Email: USZ_CareCenter@zurichna.com

To Request more forms: Email: service.center@zurichna.com or call 877-225-5276

COMPLETE THE FOLLOWING SECTIONS FOR:

Automobile Claims; Sections 1, 2, 3 and 6 - attach Work Orders or W/S Charge Sheet for Vehicle

General Liability other than Automobile Claims; Sections 1, 4 and 6.

Property Claims; Sections 1, 5 and 6.

*Must Be Completed

SECTION I – COMPLETE FOR ALL LOSSES/PERSONAL INJURY/DAMAGES

Policy Number & Effective Dates * 1347095-02	03-01-33 TO 03-01-34	Date & Time of Loss	*-		Person to Contact and When Available
			AM	PM	

INSURED (Name /Address of Policy Holder & Name /Address of store with loss - if different) *	Business Phone (A/C, No, Ext)
	Site Code

Location of Loss (Include city and state)
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Describe What Happened (Use separate page if necessary)
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Authority Contacted:	Report Number:	Violations/Citations
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SECTION II – DEALERSHIP'S AUTOMOBILE DAMAGE

INSURED VEHICLE <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Demo <input type="checkbox"/> Service <input type="checkbox"/> Customer* <input type="checkbox"/> Rental <input type="checkbox"/> Loaner <input type="checkbox"/> Other (explain)
Customer Name and Address* Value on last Report to UUG \$ Home Phone
Business Phone

If multiple vehicle damage, report additional vehicles on a separate piece of paper.

Year *	Make *	Model	V.I.N. *	Plate Number
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Loss Payee/Floor Plan <input type="checkbox"/> Yes <input type="checkbox"/> No	Driver's Name and Address Name:
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Date of Birth/Age *	Phone	Business Phone	Relation to Insured (Employee/job title, family, etc.) If employee, was employee on the job? <input type="checkbox"/> Yes <input type="checkbox"/> No *	Driver's License Number *	State
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Used With Permission? <input type="checkbox"/> Yes <input type="checkbox"/> No	Purpose of Use <input type="checkbox"/> Business <input type="checkbox"/> Pleasure *	Estimate Amount	Where and when can vehicle be seen?
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Describe Damage

Is vehicle driveable? <input type="checkbox"/> Yes <input type="checkbox"/> No	Other insurance on vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No	Company	Policy #	Phone
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Note: Important State Information on Page 3

SIGNATURE & DATE REQUIRED ON PAGE 2

SECTION III – PROPERTY DAMAGED (OTHER THAN DEALERSHIP)

Owners Name and Address *		Home Phone	Business Phone
Driver's Name and Address <input type="checkbox"/> (Check if same as owner)		Home Phone	Business Phone
Driver's Age	Driver's License Number	Describe Property (if auto, year, make, model, plate #)*	
Other Prop Ins? <input type="checkbox"/> Yes <input type="checkbox"/> No		Company	Policy # Phone
Describe Damage		Estimate Amount	Where and when can property be seen?
INJURED		Name and Address	Phone Number Injury Description*

SECTION IV – GENERAL LIABILITY/PERSONAL INJURY/LOSS NOTICE (OTHER THAN AUTOMOBILE)

Describe Injury or Property Damage			
Name and Address (Injured/Owner-Additional injuries?)			
Age	Sex	Phone (A/C, No., Ext.)	

SECTION V – DEALERSHIP PROPERTY LOSS NOTICE

Kind of Loss (FIRE, WIND, EXPLOSION, ETC.) *	Estimated Amount Entire Loss
Mortgagee <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, indicate name and address	
Other Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list names of companies, policy numbers and amounts.	
Damages to (building, contents, stock, etc.)	

SECTION VI – WITNESS INFORMATION

Witnesses Name and Address	Business Phone (A/C, No., Ext.)	Residence Phone (A/C, No.)
Remarks		
Reported by	PH #	Date
Signature of Insured		*
*		

****Note: Important State Information on Page 3****

****General Fraud Statement****

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, MD, MA, NC, NE, OH, OK, OR, RI, or VT; in LA, ME, TN, VA, and WA, insurance benefits may also be denied.)

In Colorado, it is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

In DC, Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

In Florida, any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement or claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

In Hawaii, for your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

In Massachusetts, Nebraska, Oregon and Vermont, any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may subject the person to criminal and civil penalties.

In Maryland, any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

In Ohio, any person who, with the intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

In Oklahoma, Warning: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

In Rhode Island, any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly present false information in application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

In Washington, it is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.