



Dear Valued Customer:

Thank you for choosing Zurich. We appreciate your confidence and are grateful for your business.

You, our customers are at the heart of our new brand, Zurich HelpPoint™. We understand that when you report a claim, you deserve a quick response. Zurich HelpPoint™ means our claims specialists will handle your claim quickly and work with you to help you manage your loss.

We have created an 800 line dedicated to the SterlingRisk Homeowners Program. To report a claim, please call 800-978-0213 and have your policy number available. You will be given a claim number at the end of the call. Please make note of the claim number for future reference.

A claims reporting guide is enclosed to help you with the process of report your claim. Please send all claim related correspondence to:

Zurich North America

Claims

PO Box 542003
Omaha, NE 68154

Zurich Claims
PO Box 968057
Schaumburg, IL 60196
800-239-4781

If you have any questions or require additional information, we encourage you to contact Kelly Salvatore, Claims Service Manager by phone at (973) 394-5243 or email at

Kelly.salvatore@zurichna.com.

Phone (800) 228-9283
Fax (402) 963-5270
www.zurichna.com

Sincerely,

Craig Fundum

President

Zurich Programs & Direct Markets

Sterling Risk Homeowners Program
Master Policy #: HO 4503404

To report a claim – call 800-978-0213

claim reporting guide

property



Name of person reporting

Telephone number

Address information

Name of Policyholder

Address

City

State

ZIP code

Contact name

Telephone number

Policy number

Accident information

Date of accident

Time of accident

AM PM

Address where incident occurred

County

City

State

ZIP code

Please give a description of the incident

Were authorities contacted? (police, fire, ambulance) If yes, who

Yes No

Was a report number given? If yes, list number

Yes No

Claimant information

Name of the injured party Is the injured party Male Female

Address of the injured party

City State ZIP code

Home telephone number Work telephone number Contact at Home Work

Social Security number Date of birth

Covered by other insurance? Yes No If yes, company name

Contact name Telephone number

Marital status (check one) Single Married Separated Divorced Widowed How many dependents

Property information

Description of the property

Address where the property is located

City State ZIP code

Serial number

Estimate of damage \$

Description of damage

Anything related to the incident you would like to add

Witness information

Name of a witness to the incident

Address of the witness

City

State

ZIP code

Telephone number where the witness can be reached