



## Complete form and hit submit button

Any problems with submit, please email to: [USZ\\_CareCenter@Zurichna.com](mailto:USZ_CareCenter@Zurichna.com)

### 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.

Policy Number & Effective Dates *		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 See Attached
Location of Loss (Include city and state) *					
Describe What Happened (Use separate page if necessary) *					
Authority Contacted:		Report Number:		Violations/Citations	
<b>SECTION II – DEALERSHIP’S AUTOMOBILE DAMAGE</b>					
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 Zurich \$		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	
Loss Payee/Floor Plan <input type="checkbox"/> Yes <input type="checkbox"/> No Name:		Driver's Name and Address			
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
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?		
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	

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

**SIGNATURE & DATE REQUIRED ON PAGE 2**

**SECTION III – OTHER PARTY – INJURY OR AUTO/PROPERTY DAMAGE**

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.)
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**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 - Title	PH #	Date
		*
Signature of Insured *		

**\*\*Note: Important State Information on Page 3-4\*\***

**APPLICABLE IN: AL, AR, AZ, CO, DE, DC, FL, ID, IN, KY,  
LA, ME, MD, MN, NH, NM, OK, RI, TN, VA, WA, WV.**

**FOR YOUR PROTECTION STATE LAW REQUIRES THE FOLLOWING STATEMENT TO APPEAR ON THIS FORM. ANY PERSON WHO KNOWINGLY REPRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF LOSS OR BENEFIT WITH THE INTENT TO DEFRAUD OR DECEIVE ANY INSURER IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CRIMINAL AND CIVIL PENALTIES AND DENIAL OF INSURANCE BENEFITS.**

**APPLICABLE IN ALASKA**

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

**APPLICABLE IN CALIFORNIA**

For your protection California state law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime may be subject to fines and confinement in state prison.

**APPLICABLE IN NEW JERSEY**

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**APPLICABLE IN NEW YORK**

Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**APPLICABLE IN NEW YORK FOR AUTO:**

"Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation."

**APPLICABLE IN OHIO**

Any person who, with 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.

**APPLICABLE IN PENNSYLVANIA**

Any person who knowingly and with intent to defraud any insurance company or other 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 a person to criminal and civil penalties.

### **APPLICABLE IN PUERTO RICO**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (\$5,000) dollars and not more than ten thousand (\$10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. If aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.”