

### Workers' Compensation claims include:

- Work related Injuries to employees of Zurich's policyholders
- Longshore & Harbor Claims
- Defense Base Act Claims
- Foreign Voluntary Claims

### General Reporting Information

Provide key information shown below with an asterisk, if known, to ensure that the claim is handled by the most knowledgeable claim professional for that type of exposure.

#### Insured Name\*

Provide the entity and/or company name that has a policy with Zurich.

#### Parent Company Name

Provide, if known, the parent company name, doing business as (DBA), program or management company name to which the location, entity, subsidiary or franchise, or business is associated.

#### Site Code

Provide the site, location, store, branch or job number associated with the account.



#### Reporter Information\*

Provide the name of the person reporting the claim to Zurich to include his/her role/relationship to the claim in the event additional information is needed to handle a claim with Zurich.

#### Insured Contact Information\*

Provide the contact information of the Zurich insured representative most knowledgeable about the claim.



\* Indicates required fields

**Accident/Loss Details\***

If known, provide the specific details of how, when and where the accident occurred to include the potential severity of injuries sustained.

**Accident Location Details\***

Provide the state and/or county of where the accident occurred when complete accident address or location is not known.

**Benefit State**

Provide the state or jurisdiction that will govern benefits for injured workers under Workers' Compensation, Longshore & Harbor or Defense Base Act insurance.



**Employee Details\***

Provide the claimant/company name, contact information, date of birth, social security number and other available information in order to comply with any state or government insurance claim handling/reporting guidelines.

**Employment Details\***

If known, provide all employment details to include whether the employee will be losing time from work.

**Injury Details\***

Provide, if known, all details of the nature and severity of injuries and body parts affected to include if the accident resulted in death. When available, provide all details of where the injured worker sought medical treatment.

**Still have questions or need assistance? Contact our Customer Care Center anytime at 800-987-3373**

This is intended as a general description of certain types of insurance and services available to qualified customers through the companies of Zurich in North America, provided solely for informational purposes. Nothing herein should be construed as a solicitation, offer, advice, recommendation, or any other service with regard to any type of insurance product underwritten by individual member companies of Zurich in North America, including Zurich American Insurance Company, 1400 American Lane, Schaumburg, IL 60196. Your policy is the contract that specifically and fully describes your coverage, terms and conditions. The description of the policy provisions gives a broad overview of coverages and does not revise or amend the policy. Coverages and rates are subject to individual insured meeting our underwriting qualifications and product availability in applicable states. Some coverages may be written on a nonadmitted basis through licensed surplus lines brokers.