

**OneAmerica**  
**Sponsored Insurance Agents Errors & Omissions Program**  
**Carrier: Zurich American Insurance Company | Policy Period: 12/1/2023 - 12/1/2024**

**E&O CLAIM REPORT FORM**

Date: \_\_\_\_\_

Policy Number: EOC-6555547-14

Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

1. Date you became aware of this claim: \_\_\_\_\_

2. Do you have any other Errors and Omissions Insurance? If so, give name of company policy number, and limits: \_\_\_\_\_  
\_\_\_\_\_

3. What type of business does the claim involve? \_\_\_\_\_

4. Who is making this claim against you?

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Please attach a description of the circumstances leading to this claim and copies of all pertinent correspondence. If you have been served with a lawsuit, a copy of the suit must be enclosed.

**Send this report by mail, fax or email to:**

**Zurich North America**  
**Diversified Financial Institutions Claims**  
**P.O. Box 968041**  
**Schaumburg, IL 60196-8041**  
**Fax: 866-255-2962 | Email: msgclms@zurichna.com**

***Do not discuss this matter with anyone other than a representative of Zurich, OneAmerica or Aon***