

THE FOURSQUARE CHURCH

HOW TO FILE AN INSURANCE CLAIM

Commercial Vehicle Insurance

Auto Liability Claims (Damage to another vehicle or injury to another person caused by an incident in which you are at fault)

To report a claim under your auto liability insurance, please call our auto liability insurance company, Zurich American Insurance Company at 800.987.3373 or email USZ_CareCenter@Zurichna.com.

Auto Physical Damage Claims (Comprehensive and Collision to your vehicle)

To report your auto physical damage claim, please call the Foursquare Insurance Services Department at 888.635.4234, Ext. 4403 or email at insurance@foursquare.org.

You will be asked to provide the following information regarding your commercial vehicle claim:

- Foursquare Client Number: 005053
- Church legal name (not the slogan name)
- Church code number
- Date, time and location of the incident
- Authorities contacted
- Year, make and model of the church vehicle involved
- Name of the driver
- Extent of the damages to the church vehicle
- Other pertinent details such as who was at fault, how the accident occurred, injuries and/or fatalities
- If another vehicle was involved, you will be asked the name of the driver and owner, year, make, model of that vehicle, insurance data and extent of damages.
- You may be asked to secure a police report and repair estimate for your vehicle; the adjuster will advise if this is the case.

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FOURSQUARE VEHICLE LOSS NOTICE

Email claim Form to: USZ_CareCenter@Zurichna.com (Auto Liability)
insurance@foursquare.org (Physical Damage)

Today's Date _____ Date of Loss _____ Time of Incident _____

Legal Church Name: _____

Church Code: _____ Client Number: 005053

Insured (Church, School, Camp)

Insured's Mailing Address: _____

E-Mail Address: _____

Contact

Name of Contact (First, Middle, Last) _____

Contact's Mailing Address: _____

Primary Phone: _____ Secondary Phone: _____

E-Mail Address: _____

Loss Incident Information

Location of Street: _____

City, State, Zip: _____

Police or Fire Dept. Contacted: _____

Report Number: _____ Estimated Damage: _____

Description of Loss: _____

Insured Driver Name: _____ DOB: _____

Address: _____ Email: _____

Phone: _____

Insured Vehicle/Rental Information

Make _____ Model _____ Color _____ License Plate _____

State _____ Vin # _____

Company Name: _____

Contact Name: _____ Phone: _____ Address: _____