



GENERAL LIABILITY NOTICE OF OCCURRENCE / CLAIM

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No, Ext):	NOTICE OF OCCURRENCE	DATE OF OCCURRENCE AND TIME	AM	DATE OF CLAIM	PREVIOUSLY REPORTED
		NOTICE OF CLAIM		PM		YES NO
EFFECTIVE DATE		EXPIRATION DATE	POLICY TYPE		RETROACTIVE DATE	
			<input type="checkbox"/> OCCURRENCE	<input type="checkbox"/> CLAIMS MADE		
COMPANY		NAIC CODE:	MISCELLANEOUS INFO (Site & location code)			
FAX (A/C, No):						
E-MAIL ADDRESS:						
CODE:	SUB CODE:	POLICY NUMBER		REFERENCE NUMBER		
AGENCY CUSTOMER ID:						

INSURED		CONTACT		CONTACT INSURED	
NAME AND ADDRESS		SOC SEC # OR FEIN:		NAME AND ADDRESS	
RESIDENCE PHONE (A/C, No)		BUSINESS PHONE (A/C, No, Ext)		RESIDENCE PHONE (A/C, No)	
CELL PHONE (A/C, No)		E-MAIL ADDRESS		BUSINESS PHONE (A/C, No, Ext)	
				CELL PHONE (A/C, No)	
				E-MAIL ADDRESS	
WHERE TO CONTACT					
WHEN TO CONTACT					

LOCATION OF OCCURRENCE (Include city & state)	AUTHORITY CONTACTED
DESCRIPTION OF OCCURRENCE (Use separate sheet, if necessary)	

POLICY INFORMATION									
COVERAGE PART OR FORMS (Insert form #s and edition dates)									
GENERAL AGGREGATE	PROD/COMP OP AGG	PERS & ADV INJ	EACH OCCURRENCE	FIRE DAMAGE	MEDICAL EXPENSE	DEDUCTIBLE			PD
UMBRELLA/ EXCESS	UMBRELLA	EXCESS	CARRIER:	LIMITS:	AGGR	PER CLAIM/OCC			SIR/ DED

TYPE OF LIABILITY									
PREMISES: INSURED IS		OWNER	TENANT	OTHER:	TYPE OF PREMISES				
OWNER'S NAME & ADDRESS (If not insured)				OWNERS PHONE (A/C, No, Ext):					
PRODUCTS: INSURED IS		MANUFACTURER	VENDOR	OTHER:	TYPE OF PRODUCT				
MANUFACTURER'S NAME & ADDRESS (If not insured)				MANUFACT PHONE (A/C, No, Ext):					
WHERE CAN PRODUCT BE SEEN?									
OTHER LIABILITY INCLUDING COMPLETED OPERATIONS (Explain)									

INJURED/PROPERTY DAMAGED									
NAME & ADDRESS (Injured/Owner)						PHONE (A/C, No, Ext)			
AGE	SEX	OCCUPATION		EMPLOYER'S NAME & ADDRESS		PHONE (A/C, No, Ext)			
DESCRIBE INJURY				WHERE TAKEN		WHAT WAS INJURED DOING?			
<input type="checkbox"/> FATALITY									
DESCRIBE PROPERTY (Type, model, etc)			ESTIMATE AMOUNT	WHERE CAN PROPERTY BE SEEN?		WHEN CAN PROPERTY BE SEEN?			

WITNESSES									
NAME & ADDRESS					BUSINESS PHONE (A/C, No, Ext)			RESIDENCE PHONE (A/C, No)	
REMARKS									
REPORTED BY		REPORTED TO		SIGNATURE OF INSURED			SIGNATURE OF PRODUCER		