



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	
FAX (A/C, No):	COMPANY	NAIC CODE:	MISCELLANEOUS INFO (Site & location code)		
E-MAIL ADDRESS:					
CODE:	SUB CODE:	POLICY NUMBER	REFERENCE NUMBER		
AGENCY CUSTOMER ID:					

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

OCCURRENCE	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			