



# 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:		
E-MAIL ADDRESS:				MISCELLANEOUS INFO (Site & location code)		
CODE:	SUB CODE:	POLICY NUMBER		REFERENCE NUMBER		
AGENCY CUSTOMER ID:						

<b>INSURED</b>		<b>CONTACT</b>		CONTACT INSURED
NAME AND ADDRESS		SOC SEC # OR FEIN:		NAME AND ADDRESS
				WHERE TO CONTACT
				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	

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

<b>POLICY INFORMATION</b>									
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

<b>TYPE OF LIABILITY</b>									
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)									

<b>INJURED/PROPERTY DAMAGED</b>									
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?				

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