

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 <input type="checkbox"/> NO <input type="checkbox"/>
		EFFECTIVE DATE	EXPIRATION DATE	POLICY TYPE		RETROACTIVE DATE
				<input type="checkbox"/> OCCURRENCE	<input type="checkbox"/> CLAIMS MADE	
FAX (A/C, No)		COMPANY		MISCELLANEOUS INFO (Site & location code)		
E-MAIL ADDRESS		NAIC CODE				
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)	
				BUSINESS PHONE (A/C, No, Ext)	
CELL PHONE (A/C, No)		E-MAIL ADDRESS		CELL PHONE (A/C, No)	
				E-MAIL ADDRESS	
				Facsimile #	
				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	
														BI	
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