



# 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:		POLICY NUMBER		REFERENCE NUMBER			
CODE:		SUB CODE:					
AGENCY CUSTOMER ID:							

<b>INSURED</b>		<b>CONTACT</b>		<b>CONTACT INSURED</b>	
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)	
				WHERE TO CONTACT	
				WHEN TO CONTACT	

<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
							BI
UMBRELLA/ EXCESS	UMBRELLA	EXCESS	CARRIER:	LIMITS:	AGGR	PER CLAIM/OCC	SIR/ DED

<b>TYPE OF LIABILITY</b>			
PREMISES: INSURED IS	OWNER	TENANT	OTHER:
OWNER'S NAME & ADDRESS (If not insured)			TYPE OF PREMISES
PRODUCTS: INSURED IS			OWNERS PHONE (A/C, No, Ext):
MANUFACTURER			TYPE OF PRODUCT
VENDOR			MANUFACT PHONE (A/C, No, Ext):
OTHER:			
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

