



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	
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:						

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

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

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

TYPE OF LIABILITY				TYPE OF PREMISES	
PREMISES: INSURED IS	OWNER	TENANT	OTHER:		
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?	
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