



FILL OUT ITEMS HIGHLIGHTED IN YELLOW

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
				OCCURRENCE	CLAIMS MADE	
FAX (A/C, No): E-MAIL ADDRESS:		COMPANY		NAIC CODE:		MISCELLANEOUS INFO (Site & location 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	WHERE 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)	WHEN TO CONTACT

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	SR/ 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 IN- CLUDING 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
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