ACORD™ GENERAL LIABILITY NOTICE OF OCCURRENCE/CLAIM

DATE (MM/DD/YYYY)

PRODUCER	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	

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
			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)	

OCCURRENCE

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 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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