



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

|                           |                               |                           |                               |                  |
|---------------------------|-------------------------------|---------------------------|-------------------------------|------------------|
| <b>INSURED</b>            |                               | <b>CONTACT</b>            |                               | 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) |                  |
| CELL PHONE (A/C, No)      | E-MAIL ADDRESS                | CELL PHONE (A/C, No)      | E-MAIL ADDRESS                |                  |

|                   |  |                     |
|-------------------|--|---------------------|
| <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: | 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) |              |        |        |                                |  |  |  |  |  |

|                                      |     |            |                           |                             |                            |                      |  |  |  |
|--------------------------------------|-----|------------|---------------------------|-----------------------------|----------------------------|----------------------|--|--|--|
| <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 |                           |  |