$\underline{ACORD}_{m}  \text{GENERAL LIABILITY NOTICE OF OCCURRENCE/CLAIM}$										ATE (MM/DD/	YYYY)			
PRODUCER PHONE (A/C. No. Ext):			NOTICE OF OCCURRENCE		DATEOFOC				AM	DATE OF	CLAIM	PREVIO	DUSLY	
			NOTICE OF CLA	AIM		_			PM			YES	NO	
		EFF	ECTIVE DATE	EXPIR	ATION DATE			POLIC	Y TYPE	I		RETROACTI	VE DATE	
		СОМ	PANY	NAIC C	005.		OCCURR			CLAIMS MA		ocation code)		
				NAICC	ODE:			-				,		
CODE: SUB CODE:			POLICY NUMBER					REFERENCE NUMBER						
AGENCY CUSTOMER ID:														
INSURED		CONTACT CONTA					TACT INSURED					WHERE TO CONTACT		
NAME AND ADDRESS SOC SEC # OR FEIN: NAME AND ADDRESS														
RESIDENCE PHONE (A/C, No)	/C, No, Ext)	RESIDENCE PHONE (A/C, No)				BUSINESS PHONE (A/C, No, Ext)					WHEN TO CONTACT			
OCCURRENCE														
LOCATION OF OCCURRENCE (Include city & state)								AUTHORITY	CONT	ACTED				
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 PE	ERS & ADV INJ	EACH OCCUR	RENCE	FIRE C	DAMAGE		MEDICA	LEXPE	INSE	DEDU	CTIBLE	PD	
													BI	
	EXCESS CARRIER:			LIMITS:			AGGR				N/OCC		SIR/ DED	
TYPE OF LIABILITY PREMISES: INSURED IS	OWNER TENANT	OTHER:				TYF	PE OF PRE	MISES						
l _ l		0111211												
OWNER'S NAME & ADDRESS (If not insured)					OWNERS PHONE									
						(A/C. No. Ext): TYPE OF PRODUCT								
PRODUCTS: INSURED IS         MANUFACTURER         VENDOR         OTHER:         ITPE OF PRODUCT														
MANUFACTURER'S NAME & ADDRESS														
(If not insured)		MANUFACT (A/C, No, Ex												
WHERE CAN PRODUCT BE SEEN? OTHER LIABILITY IN-														
CLUDING COMPLETED OPERATIONS (Explain)														
INJURED/PROPERTY DAMAGED														
NAME & ADDRESS (Injured/Owner)						PHONE				E (A/C, No, Ext)				
AGE SEX OCCUPATION	EMPLOYER'S NAME &	i				PHONE				E (A/C, No, Ext)				
		ADDRESS												
			WHERE TAI	KEN		WHAT	T WAS INJ	URED D	UING?					
FATALITY DESCRIBE PROPERTY ESTIMATE AL			MOUNT WHERE CAN PROPERTY				w					WHEN CAN PROPERTY BE SEEN?		
(Type, model, etc)			BE SEEN?											
WITNESSES	PECC				BUSINESS PHONE (A/C, No, Ext)				) P	RESIDENCE PHONE (A/C, No)				
NAME & ADDRESS						200112001110112 (A/0, 110, 211)				., .	HESIDENCE PHONE (A/C, NO)			
REMARKS														
REPORTED BY	REPORTED TO	SIGNATU	JRE OF INSURE	E OF INSURED			SIGNATURE OF P				RODUCER			
ACORD 3 (2002/01)	NO <sup>-</sup>	TE: IMPORTANT	STATE INF	ORMA	TION ON I	REVER	ISE SID	E	©	ACORD C	ORPO	DRATION	1986	