

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	
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 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		