

**GENERAL LIABILITY NOTICE OF OCCURRENCE/CLAIM**

Date (MM/DD/YY)

<b>Producer</b>	Phone:	Date of Occurrence and Time		<input type="checkbox"/> AM	<input type="checkbox"/> PM	Date of Claim	Previously Reported <input type="checkbox"/> Yes <input type="checkbox"/> No
		Effective Date	Expiration Date	Policy Type <input type="checkbox"/> Occ <input type="checkbox"/> Claims Made			Retroactive Date
		Company			Miscellaneous Info (Site & location code)		
		Policy Number			Claim Number		

<b>Insured</b>	<b>Contact</b>	<input type="checkbox"/> <b>Contact Insured</b>
Name and Address	Name and Title	When to Contact
Fax No.	Bus. No.	Mobile No.
		Pager No.

**Occurrence**

Location of Occurrence (Include city & state)

Authority Contacted

Description of Occurrence (Use reverse side, if necessary)

**Policy Information**

Coverage Part or Forms  
(Insert form #s and edition dates)

General Aggregate	Prod/Comp Or Agg	Pers & Adv Inj	Each Occ.	Fire Damage	Medical Expense	Deductible	<input type="checkbox"/> PD <input type="checkbox"/> BI
Loss Payee						Collision Deductible	
Umbrella/Excess	Umbrella	Excess	Carrier	Limits	Per Claim	Per Occ	

**Type of Liability**

Premises: Insured is  Owner  Tenant  Other:

Owner's Name & Address (If not insured)

Type of Premises  
Owner's No.

Products: Insured is  Manufacturer  Vendor  Other:

Manufacturer's Name & Address (If not insured)

Type of Product  
Manufacturer's No

Where can Product be seen?

**Other Liability Including Completed Operations (explain)**

**Injured/Property Damaged**

Name & Address (Injured/Owner)

Phone No.

Age Sex Occupation Employer's Name & Address

Phone No.

Describe Injury

Fatality

Where Taken?

What was Injured Doing?

Describe Property (Type, model, etc)

Estimate Amount

Where can Property Be seen?

When can Property Be seen?

**Witnesses**

Name & Address

Business Phone No.

Residence Phone No.

Remarks (Include adjuster assigned)

Reported By

Reported To

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