

# ACORD GENERAL LIABILITY NOTICE OF OCCURRENCE/CLAIM

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No, Ext):	NOTICE OF OCCURRENCE NOTICE OF CLAIM	DATE TIME OF OCCURRENCE AND TIME	AM	DATE OF CLAIM	PREVIOUSLY REPORTED
				PM		YES NO
		EFFECTIVE DATE	EXPIRATION DATE	POLICY TYPE		RETROACTIVE DATE
				<input type="checkbox"/> OCCURRENCE	<input type="checkbox"/> CLAIMS MADE	
PHONE (A/C, No.)	E-MAIL ADDRESS	COMPANY	NAIC CODE:	MISC. 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 ACCIDENT (Including city & state)	AUTHORITY CONTACTED:
DESCRIPTION OF ACCIDENT (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/ DFD

**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?
<input type="checkbox"/> FATALITY		
DESCRIBE PROPERTY (Type, model, etc.)	ESTIMATE AMOUNT	WHERE CAN PROPERTY BE SEEN?
	0	
		WHEN CAN PROPERTY BE SEEN?

**WITNESSES**

NAME & ADDRESS	BUSINESS PHONE(A/C, No.)	RESIDENCE PHONE(A/C, No.)
REMARKS		
REPORTED BY	REPORTED TO	SIGNATURE OF INSURED
		SIGNATURE OF PRODUCER