

# 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
SAMPLE SAMPLE		EFFECTIVE DATE	EXPIRATION DATE	PM		YES NO
PHONE (A/C, No.)	E-MAIL ADDRESS	COMPANY	NAIC CODE:	POLICY TYPE	RETROACTIVE DATE	
CODE	SUB CODE	POLICY NUMBER		OCURRENCE	CLAIMS MADE	
AGENCY CUSTOMER ID:		MISC INFO (Site & Location Code)		REFERENCE NUMBER		

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.)	

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/ 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 IN JURY		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?

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