|  |  |
| --- | --- |
| GENERAL LIABILITY LOSS NOTICE OF OCCURRENCE/CLAIM | Date (MM/DD/YY)      |
|  | Producer Phone Number (A/C, No.,Ext.)      | [ ] Notice of Occurrence[ ] Notice of Claim | Date Of Occurrence and Time            | [ ] AM[ ] PM | Date Of Claim      | Previously Reported[ ] YES [ ] NO |
|       | Effective. Date      | Expiration Date      | Policy Type[ ] Occurrence [ ] Claims Made | Retroactive Date      |
|       | Company | Policy Number |
|       |  |       |
| INSURED |
| Name and Address | Insured’s Residence Phone (A/C, No.) | Insured’s Business Phone (A/C, No., Ext.) |
|       |       |       |
|       | Person to Contact | Where and When to Contact |
|       |       |       |
|  |  | Contact’s Residence Phone (A/C, No.)      | Contact’s Business Phone (A/C, No, Ext)      |
| OCCURRENCE |
| Location Of Occurrence (Including city & state) | Authority Contacted |
|       |       |
| Description Of Occurrence |
|       |
| POLICY INFORMATION |
| Coverage Part Or Forms (Insert Form #s & Edition Dates)       |
| General Agg      | Prod/Comp Op Agg      | Pers & Adv Inj      | Each Occurrence      | Fire Damage      | Medical Expense      | Deductible      | [ ]  PD[ ]  BI |
| Umbrella/ Excess | [ ]  | Umbrella | [ ]  | Excess | Carrier & Pol. #:       | Limits:       |
| TYPE OF LIABILITY |  |
| Premises: Insured is [ ]  Owners [ ]  Tenant [ ]  Other |
| Owners' Name, Address & Phone # (If not insured):                | Type of Premises:           |
| Products: Insured is [ ] Manufacturer [ ] Vendor [ ] Other |
| Manufacturer's Name, Address & Phone # (If not insured):                | Type of Product & When it can be seen:      |
| 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:      [ ] Fatality | Estimate Amount       | Where Taken      | What was injured doing?:      |
| Describe Property (Type, model, etc)       | 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 Producer or Insured |
|       |       |  |