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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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) | | |
|  | | | | | | | | | | | | | | |  | | | | | | | | |  | | |
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| Remarks | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reported By: | | | | | | | | | | Reported To: | | | | | | Signature of Producer or Insured | | | | | | | | | | |
|  | | | | | | | | | |  | | | | | |  | | | | | | | | | | |