

ACORD™ GENERAL LIABILITY NOTICE OF OCCURRENCE/CLAIM

DATE (MM/DD/YYYY)

PRODUCER	PHONE (A/C, No, Ext): x	<input checked="" type="checkbox"/> NOTICE OF OCCURRENCE	DATE OF OCCURRENCE AND TIME		AM	DATE OF CLAIM	PREVIOUSLY REPORTED	
		NOTICE OF CLAIM			PM		YES	NO
	EFFECTIVE DATE	EXPIRATION DATE	POLICY TYPE		RETROACTIVE DATE			
COMPANY		NAIC CODE:	OCCURRENCE		CLAIMS MADE		MISCELLANEOUS 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 OCCURRENCE (Include city & state)	AUTHORITY CONTACTED
DESCRIPTION OF OCCURRENCE (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
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 INJURY				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, Ext)		RESIDENCE PHONE (A/C, No)	
REMARKS									
REPORTED BY		REPORTED TO		SIGNATURE OF INSURED			SIGNATURE OF PRODUCER		