



GENERAL LIABILITY NOTICE OF OCCURRENCE/CLAIM

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No, Ext):	NOTICE OF OCCURRENCE	DATE OF OCCURRENCE AND TIME	<input type="checkbox"/> AM	DATE OF CLAIM	PREVIOUSLY REPORTED
		NOTICE OF CLAIM		<input type="checkbox"/> PM		YES <input type="checkbox"/> NO <input type="checkbox"/>
EFFECTIVE DATE		EXPIRATION DATE	POLICY TYPE		RETROACTIVE DATE	
			<input type="checkbox"/> OCCURRENCE	<input type="checkbox"/> CLAIMS MADE		
COMPANY		NAIC CODE:	MISCELLANEOUS INFO (Site & location code)			
FAX (A/C, No):						
E-MAIL ADDRESS:						
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
E-MAIL ADDRESS:		E-MAIL ADDRESS:		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	<input type="checkbox"/>	<input type="checkbox"/>	PD
UMBRELLA/ EXCESS	UMBRELLA	EXCESS	CARRIER:	LIMITS:	AGGR	PER CLAIM/OCC	<input type="checkbox"/>	<input type="checkbox"/>	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		

Applicable in Arizona

For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Applicable in Arkansas, Delaware, District of Columbia, Kentucky, Louisiana, Maine, Michigan, New Jersey, New Mexico, New York, Pennsylvania, Tennessee, Virginia and West Virginia

Any person who knowingly and with intent to defraud any insurance company or another person, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and [NY: substantial] civil penalties. In DC, LA, ME, TN and VA, insurance benefits may also be denied.

Applicable in California

For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in Florida and Idaho

Any person who Knowingly and with the intent to injure, Defraud, or Deceive any Insurance Company Files a Statement of Claim Containing any False, Incomplete or Misleading information is Guilty of a Felony.*

* In Florida - Third Degree Felony

Applicable in Hawaii

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Applicable in Indiana

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Applicable in Minnesota

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Applicable in Nevada

Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

Applicable in New Hampshire

Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

Applicable in Ohio

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicable in Oklahoma

WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.