

ACORD™ GENERAL LIABILITY NOTICE OF OCCURRENCE/CLAIM							DATE 1/30/2014 12:46 PM		
PRODUCER [Agency Name]	PHONE (A/C, No, Ext): [Agent's Ph #]		NOTICE OF OCCURRENCE OR CLAIM?	DATE OF OCCURRENCE AND TIME [Date of Loss] [Time of Loss]		DATE OF CLAIM	PREVIOUSLY REPORTED		
			EFFECTIVE DATE	EXPIRATION DATE	POLICY TYPE		RETROACTIVE DATE		
			COMPANY	NAIC CODE:		MISCELLANEOUS INFO (Site & location code)			
CODE:		SUB CODE:		POLICY NUMBER [Policy No]			REFERENCE NUMBER		
AGENCY CUSTOMER ID									
INSURED			CONTACT		<input type="checkbox"/> CONTACT INSURED				
NAME AND ADDRESS [Insured Name / Address]		SOC SEC #:	NAME AND ADDRESS [Insured Contact Person Name]				WHERE TO CONTACT		
RESIDENCE PHONE (A/C, No)		BUSINESS PHONE (A/C, No, Ext)	RESIDENCE PHONE (A/C, No)		BUSINESS PHONE (A/C, No, Ext)			WHEN TO CONTACT	
OCCURRENCE/LOSS									
LOCATION OF OCCURRENCE (Include city & state)						AUTHORITY CONTACTED?			
DESCRIPTION OF OCCURRENCE									
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?			WHERE TAKEN?		WHAT WAS INJURED DOING?				
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		