



# GENERAL LIABILITY NOTICE OF OCCURRENCE / CLAIM

DATE (MM/DD/YYYY)

|                                 |                      |                             |   |                                      |                     |
|---------------------------------|----------------------|-----------------------------|---|--------------------------------------|---------------------|
| AGENCY<br>PHONE (A/C, No, Ext): | 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    |
| FAX (A/C, No):                  |                      |                             | <input type="checkbox"/> OCCURRENCE       | <input type="checkbox"/> CLAIMS MADE |                     |
| E-MAIL ADDRESS:                 | COMPANY              | NAIC CODE:                  | MISCELLANEOUS INFO (Site & location code) |                                      |                     |
| CODE:                           | SUB CODE:            | POLICY NUMBER               | REFERENCE NUMBER                          |                                      |                     |
| AGENCY CUSTOMER ID:             |                      |                             |   |                                      |                     |

|                           |                               |                           |                               |                  |
|---------------------------|-------------------------------|---------------------------|-------------------------------|------------------|
| <b>INSURED</b>            |                               | <b>CONTACT</b>            |                               | CONTACT INSURED  |
| NAME AND ADDRESS          | SOC SEC # OR FEIN:            | NAME AND ADDRESS          |                               | 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  |
| CELL PHONE (A/C, No)      | E-MAIL ADDRESS                | CELL PHONE (A/C, No)      | E-MAIL ADDRESS                |                  |

|                   |  |                     |
|-------------------|--|---------------------|
| <b>OCCURRENCE</b> | LOCATION OF OCCURRENCE (Include city & state)                | AUTHORITY CONTACTED |
|                   | DESCRIPTION OF OCCURRENCE (Use separate sheet, if necessary) |                     |

|   |                  |                |                 |             |                 |               |  |  |          |
|---|------------------|----------------|-----------------|-------------|-----------------|---------------|--|--|----------|
| <b>POLICY INFORMATION</b>                                 |                  |                |                 |             |                 |               |  |  |          |
| 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 |

|  |              |        |        |                                |  |  |  |  |  |
|--|--------------|--------|--------|--------------------------------|--|--|--|--|--|
| <b>TYPE OF LIABILITY</b>                                 |              |        |        |                                |  |  |  |  |  |
| 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) |              |        |        |                                |  |  |  |  |  |

|                                       |     |            |                           |                             |                            |                      |  |
|---------------------------------------|-----|------------|---------------------------|-----------------------------|----------------------------|----------------------|--|
| <b>INJURED/PROPERTY DAMAGED</b>       |     |            |                           |                             |                            |                      |  |
| 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? |                      |  |

|                  |  |             |  |                      |                               |  |                       |                           |  |
|------------------|--|-------------|--|----------------------|-------------------------------|--|-----------------------|---------------------------|--|
| <b>WITNESSES</b> |  |             |  |                      |                               |  |                       |                           |  |
| 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, North Dakota, Pennsylvania, South Dakota, Tennessee, Texas, Virginia, Washington 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, VA and WA, 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.