

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	