



# GENERAL LIABILITY NOTICE OF OCCURRENCE / CLAIM

DATE (MM/DD/YY)

|                          |                      |                                 |                  |                                    |                     |    |
|--------------------------|----------------------|---------------------------------|------------------|------------------------------------|---------------------|----|
| PRODUCER                 | NOTICE OF OCCURRENCE | DATE/TIME OF OCCURRENCE         | AM               | DATE OF CLAIM                      | PREVIOUSLY REPORTED |    |
|                          | NOTICE OF CLAIM      |                                 | PM               |                                    | YES                 | NO |
|                          | POLICY EFF. DATE     | POLICY EXP. DATE                | POLICY TYPE      |                                    | RETROACTIVE DATE    |    |
| APPLICABLE IN CALIFORNIA |                      |                                 | OCCURRENCE       |                                    |                     |    |
| COMPANY                  |                      |                                 | POLICY NUMBER    |                                    |                     |    |
| CODE                     | SUB CODE             | PRODUCER PHONE (A/C, No., Ext.) | REFERENCE NUMBER | MISC. INFO. (Site & Location Code) |                     |    |

|  |  |                                      |  |   |  |
|--|--|--------------------------------------|--|---|--|
| INSURED                                      |  | INSURED'S RESIDENCE PHONE (A/C, No.) |  | INSURED'S BUSINESS PHONE (A/C, No., Ext.) |  |
| NAME & ADDRESS (As it appears on the policy) |  | PERSON TO CONTACT                    |  | WHERE TO CONTACT                          |  |
|  |  | CONTACT'S RESIDENCE PHONE (A/C, No.) |  | CONTACT'S BUSINESS PHONE (A/C, No., Ext.) |  |
|  |  |                                      |  | WHEN                                      |  |

|  |  |                     |  |  |  |
|--|--|---------------------|--|--|--|
| OCCURRENCE   |  | AUTHORITY CONTACTED |  |  |  |
| LOCATION OF OCCURRENCE (Include city & state)              |  |                     |  |  |  |
| DESCRIPTION OF OCCURRENCE (Use reverse side, if necessary) |  |                     |  |  |  |

|   |            |                         |                     |                 |             |                 |            |            |
|---|------------|-------------------------|---------------------|-----------------|-------------|-----------------|------------|------------|
| POLICY INFORMATION  |            |                         |                     |                 |             |                 |            |            |
| COVERAGE PART OR FORMS (Insert form nos. & edition dates) |            |                         |                     |                 |             |                 |            |            |
| LIMITS  | GEN. AGGR. | PROD./COMP-OPS.         | PERS. & ADV. INJURY | OCCURRENCE      | FIRE DAMAGE | MEDICAL EXPENSE | DEDUCTIBLE | TYPE       |
|   |            |                         |                     |                 |             |                 | AMOUNT     | PD         |
| UMBRELLA/EXCESS POLICY IN FORCE?                          |            | UMBRELLA/EXCESS CARRIER |                     | UMB./XS. LIMITS |             |                 |            |            |
| UMBRELLA  |            | EXCESS                  |                     |                 |             | PER CLAIM       |            | PER OCCUR. |

|   |       |        |       |                                |  |
|---|-------|--------|-------|--------------------------------|--|
| TYPE OF LIABILITY                       |       |        |       | TYPE OF PREMISES               |  |
| PREMISES: INSURED IS                    | OWNER | TENANT | OTHER |                                |  |
| 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): |  |              |        |       |                                   |

|                                       |     |                 |                             |                         |                        |
|---------------------------------------|-----|-----------------|-----------------------------|-------------------------|------------------------|
| INSURED/PROPERTY DAMAGED              |     |                 |                             |                         |                        |
| NAME & ADDRESS (Injured/Owner)        |     |                 |                             | PHONE (A/C, No., Ext.)  |                        |
| AGE                                   | SEX | OCCUPATION      | EMPLOYERS 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?                   |                        |

|                |  |                                 |                            |
|----------------|--|---------------------------------|----------------------------|
| WITNESSES      |  |                                 |                            |
| NAME & ADDRESS |  | BUSINESS PHONE (A/C, No., Ext.) | RESIDENCE PHONE (A/C, No.) |
|                |  |                                 |                            |
| REMARKS        |  |                                 |                            |

|             |             |                                  |
|-------------|-------------|----------------------------------|
| REPORTED BY | REPORTED TO | SIGNATURE OF PRODUCER OR INSURED |
|             |             |                                  |