



GENERAL LIABILITY NOTICE OF OCCURRENCE/CLAIM

DATE (MM/DD/YY)

PRODUCER	PHONE (A/C, NO, EXT):	NOTICE OF OCCURRENCE	DATE OF OCCURRENCE	AM	DATE OF CLAIM	PREVIOUSLY REPORTED
		NOTICE OF CLAIM		PM		YES NO
EFFECTIVE DATE		EXPIRATION DATE	POLICY TYPE		RETROACTIVE DATE	
			<input type="checkbox"/> OCCURRENCE	<input type="checkbox"/> CLAIMS MADE		
COMPANY			MISCELLANEOUS INFO (Site & location code)			
CODE:	SUB CODE:	POLICY NUMBER		REFERENCE NUMBER		
AGENCY CUSTOMER ID:						

INSURED		CONTACT		<input checked="" type="checkbox"/>	CONTACT INSURED
NAME AND ADDRESS		NAME AND ADDRESS		WHERE TO CONTACT	
				WHEN TO CONTACT	
RESIDENT 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 reverse side, 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			PD
									BI
UMBRELLA/ EXCESS	UMBRELLA	EXCESS	CARRIER:	LIMITS:			PER CLAIM	PER OCCUR	

TYPE OF LIABILITY									
PREMISES: INSURED IS		OWNER	TENANT	OTHER:			TYPE OF PREMISES		
OWNER'S NAME ADDRESS (If not insured)					PHONE (A/C, NO, EXT):				
PRODUCTS: INSURED IS		MANUFACTURER	VENDOR	OTHER:			TYPE OF PRODUCT		
MANUFACTURER'S NAME & ADDRESS (If not insured)					PHONE (A/C, NO, EXT):				
WHERE CAN PRODUCT BE SEEN?									

OTHER LIABILITY INCLUDING COMPLETED OPERATIONS (Explain)									
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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, Ext)	

REMARKS									
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REPORTED BY	REPORTED TO	SIGNATURE OF PRODUCER OR INSURED
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Applicable in California

Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in Florida and Idaho

Any person who Knowingly and with 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 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 Kentucky and New Jersey

Any person who knowingly and with intent to defraud any insurance company or other persons, 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 civil penalties.

Applicable in Michigan

Any person who knowingly and with intent to injure or defraud any insurer submits a claim containing any false, incomplete, or misleading information shall, upon conviction, be subject to imprisonment for up to one year for a misdemeanor conviction or up to ten years for a felony conviction and payment of a fine of up to \$5,000.00.

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 New York

Any person who knowingly and with intent to defraud any insurance company or other 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, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicable in Ohio

Any person who, with intent to defraud or knowingly 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.

Applicable in Pennsylvania

Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.