

**ACORD™****GENERAL LIABILITY NOTICE OF OCCURRENCE/CLAIM**

DATE (MM/DD/YYYY)

PRODUCER	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	
				<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		CONTACT INSURED	
NAME AND ADDRESS		NAME AND ADDRESS		WHERE TO CONTACT	
				WHEN TO CONTACT	
RESIDENCE PHONE (A/C, No)	BUSINESS PHONE (A/C, No, Ext)	RESIDENCE PHONE (A/C, No)	BUSINESS PHONE (A/C, No, Ext)		

LOSS	
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)						OWNER'S 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)										

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)		
REMARKS										
REPORTED BY				REPORTED TO			SIGNATURE OF PRODUCER OR INSURED			

Applicable in California

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

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 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 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.

Applicable in Pennsylvania

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or 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 subjects the person to criminal and civil penalties.